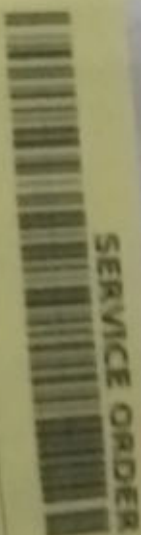




Medgrupp Polyclinics & Diagnostic Center, Inc.
 2nd Level, APM Central, A. Soriano Y. Ave., NDA, Mabola, Cebu City
 Tel # (032) 232-2273/2266-3245
 www.primcarealpha.ph



SERVICE ORDER

BILL TO :

[000160] IPLOY STAFFING SOLUTIONS
 16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City
 (Capital), Cebu
 09177097074 / 09171575430

| | |
|--------------|------------|
| Priority No. | 0648 |
| SO No. | 492247 |
| S.O Date | 03/03/2025 |
| Terms | 30 Days |
| Amount Due | ₱800.00 |

PATIENT INFORMATION

PATIENT ID : 071175
PATIENT NAME : VILLAVELEZ, MARY MAE LABORA
PATIENT ADDRESS : Mohon, City of Talisay, Cebu
MOBILE NO. : 0994 088 0156
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY



GENDER : Female
BIRTHDATE : 03/27/1989
AGE : 35
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

| CODE | PARTICULARS/PROCEDURE | QTY | UNIT PRICE | AMOUNT |
|------|-----------------------|------|------------|--------|
| PL27 | IPLOY PENE | 1.00 | 800.00 | 800.00 |

AGE : CHEST 35 YRS
DRUG TEST : CBC & UA
NOTE : PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)

PREPARED BY:

DATE: 3/3/25

ACKNOWLEDGED BY:

Cristian Hill B. Mesa

Signature Over Printed Name

VALIDATED

BY: Signature Over Printed Name

Date Created: 03/03/2025 10:25 AM

THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM

I acknowledge that I was duly informed by Prime Care Alpha employee to pay the above mentioned tests. I have reviewed the prices listed on the (SO) and agree to the charges associated with the products and services.