



Medgrupp Polyclinics & Diagnostic Center, Inc.
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
 Tel # (032) 232-2273/266-3245
 www.primecarealpha.ph

BILL TO :

2/12/20
SB

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

HUMAN...
 C...
 noc was an emp...
 2024 to 1/21/20...
 inc for employ...
 purpose indi...

SERVICE ORDER
 0105
 492307
 03/03/2025
 30 Days
 P800.00

Priority No.	0105
SO No.	492307
S.O Date	03/03/2025
Terms	30 Days
Amount Due	P800.00

PATIENT ID

121240

PATIENT INFORMATION

GENDER : Female
BIRTHDATE : 10/07/2004
AGE : 20
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT



PATIENT NAME : MINGOC, SHEILA MAE, BARQUIN
PATIENT ADDRESS : Sambag I (Pop.), Cebu City (Capital), Cebu
MOBILE NO. : 0927 586 5214
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

CODE PARTICULARS/PROCEDURE

P127 IPLOY PEME 433

*PE CHEST PAE CBC de UA Myse Wound I. P...
 DRUG TEST (NOTE: PLEASE COMPLETE ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)

QTY : 1
UNIT PRICE : 800.00
AMOUNT : 800.00

SUMMARY OF CHARGES	
TOTAL SALES	800.00
VARIABLE SALES	0.00
V-A-T	0.00
SC/PWD DISCOUNT	0.00
AMOUNT DUE	800.00

PREPARED BY:

Floren A. Manigos

ACKNOWLEDGED BY:

2/13/25
Dr. B. B. B.

Signature Over Printed Name

BY: *[Signature]*
 Signature Over Printed Name

VALIDATED

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 changes associated with the products and services.

**** THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM ****

Date Created: 03/03/2025 02:19 PM