



**BILL TO :**

*[Handwritten signature]*

Priority No.	0044
SO No.	493004
S.O Date	03/10/2025
Terms	30 Days
Amount Due	₱800.00

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

**PATIENT INFORMATION**

**PATIENT ID** : 122056  
**PATIENT NAME** : CABASAG, KEMLIEH, CASUNGCAD  
**PATIENT ADDRESS** : Labogon, Mandaue City, Cebu  
**MOBILE NO.** : 0923 660 0724  
**MAIL ADDRESS** :  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLDY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY



**GENDER** : Female  
**BIRTHDATE** : 08/24/2001  
**AGE** : 23  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

**PRIME CARE**

QTY	UNIT PRICE	AMOUNT
1.00	800.00	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

*46/2*  
 »PE, CHEST PA, CBC, UA, SEND  
 DRUG TEST (NOTE: PLEASE COMPLY ALL  
 THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU  
 WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT  
 AVAILMENT.)

**BIOMETRICS DONE**  
**DATE: 10 MAR 2025**

**VALIDATED**

**PREPARED BY:**

Floren A. Manigos

**ACKNOWLEDGED BY:**

Signature Over Printed Name

**VERIFIED BY:**

BY: *[Signature]*

Signature Over Printed Name

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 \*\*\*