



**Medgrupe 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



**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.	0035
SO No.	493640
S.O Date	03/17/2025
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

**PATIENT ID** : 122333  
**PATIENT NAME** : GODINEZ, MARY DIVINE ROSE, LIBRE  
**PATIENT ADDRESS** : Pajo, Lapu-Lapu City (Opon), Cebu  
**MOBILE NO.** : 0916 657 7184  
**EMAIL ADDRESS** :  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY



**GENDER** : Female  
**BIRTHDATE** : 10/27/2001  
**AGE** : 23  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

**Prime CARE**  
 ALPHA

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME	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

4892  
 CHEST XRAY, CBC, UA, SE, *urinal*  
 DRUG TEST  
 THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU  
 WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT  
 AVAILMENT.]

**BIOMETRICS DONE**  
**GATE** 17 MAR 2025

<b>PREPARED BY:</b> Floren A. Manigos	<b>ACKNOWLEDGED BY:</b>  Signature Over Printed Name	<b>VALIDATED</b> BY: <i>[Signature]</i> Date Created: 03/17/2025 09:14 AM
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Page 1 of 1 I acknowledge that I was duly informed by Prime Care Alpha employees 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.

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