



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 :

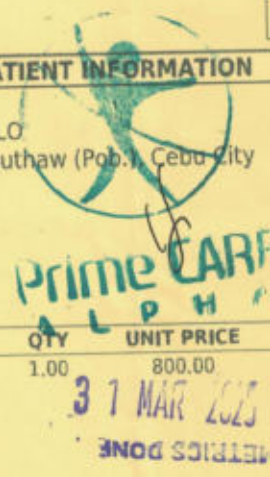
[000160] IPLOY STAFFING SOLUTIONS
 16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City
 (Capital), Cebu
 09177097074 / 09171575430

Priority No.	000
SO No.	49507
S.O Date	03/31/2025
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 122924
PATIENT NAME : OGA, AINNA PATRICE, MICABALO
PATIENT ADDRESS : GONZALES COMPOUND, Camputhaw (Pop.), Cebu City
 (Capital), Cebu
MOBILE NO. : 0997 175 1096
EMAIL ADDRESS : a.oga97@gmail.com
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS

GENDER : Female
BIRTHDATE : 05/06/1997
AGE : 27
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : A.P.E. *PTIME*



RESULT DELIVERY : DELIVERY *5527*
CODE : P127
PARTICULARS/PROCEDURE :
 IPLOY PEME
 CHEST PA, CBC, UA, SE *waived*
 DRUG TEST (NOTE: PLEASE COMPLY ALL
 THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU
 WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT
 AVAILMENT.)

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

31 MAR 2025
 BIOMETRICS DONE

PREPARED BY:

Juvelyn N. Ursal

ACKNOWLEDGED BY:

Signature Over Printed Name

VALIDATED

Signature Over Printed Name

Date Created: 03/31/2025 08:23

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 ****