



**Medgroup 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 :**

*20/20 w/eyeglasses &*

Priority No.	0012
SO No.	495080
S.O Date	03/31/2025
Terms	30 Days
Amount Due	P800.00

**[000160] IPLOY STAFFING SOLUTIONS**

16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City  
 (Capital), Cebu  
 09177097074 / 09171575430

**PATIENT INFORMATION**

**PATIENT ID** : 087123  
**PATIENT NAME** : CABALLERO, JANRIEL, PASCULADO  
**PATIENT ADDRESS** : 272-I Gorordo Ave., Camputhaw (Pob.), Cebu City (Capital), Cebu  
**MOBILE NO.** : 09923312292  
**EMAIL ADDRESS** : janrieltcaballero@gmail.com  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS

**GENDER** : Male  
**BIRTHDATE** : 01/08/1997  
**AGE** : 28  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

**Prime CARE**

**RESULT DELIVERY** :  
**PARTICULARS/PROCEDURE** :  
 P127 IPLOY PEME  
 >PE 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

**BIOMETRICS DONE**  
**DATE:** 31 MAR 2025

**PREPARED BY:**

Juvelyn N. Ursal

**ACKNOWLEDGED BY:**

Signature Over Printed Name

**VALIDATED**

BY: Signature Over Printed Name

Date Created: 03/31/2025 08:55 AM

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 \*\*\*

