



**Medgrupppe polyclinics & Diagnostic Center, Inc.**  
 2nd Level, APN Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
 Tel # (032) 231-2273/266-3245  
 www.primecaralpha.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.	0023
SO No.	495091
S.O Date	03/31/2025
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

**PATIENT ID** 122929  
**PATIENT NAME** BARING, JESSIE ROSE, SUSA  
**PATIENT ADDRESS** Calawisan, Lapu-Lapu City (Opon), Cebu 0999 476 6004  
**MOBILE NO.** [Redacted]  
**EMAIL ADDRESS** [Redacted]  
**REQUESTING PHYSICIAN** [Redacted]  
**COMPANY/REFERRED BY** IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** DELIVERY

**PATIENT INFORMATION**  
**GENDER** : Female  
**BIRTHDATE** : 02/02/1991  
**AGE** : 34  
**CIVIL STATUS** : Married  
**HMO CARD NO.** : [Redacted]  
**PATIENT STATUS** : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PEME *PE CHEST PA DRUG TEST THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)	1.00	800.00	800.00	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

Signature Over Printed Name

**ACKNOWLEDGED BY:**

Signature Over Printed Name

Date Created: 03/31/2025 09:37

**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 \*\*\*\*