



**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

PLEASE PAY BY 4/10/25  
 OTHERWISE YOU WILL HAVE TO PAY !!

Priority No.	00
SO No.	4951
S.O Date	03/31/2025
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

**PATIENT ID** : 114054  
**PATIENT NAME** : CORDOVA, JELYN MONETTE, OMADLAO  
**PATIENT ADDRESS** : Bulacao, Cebu City (Capital), Cebu  
**MOBILE NO.** : 0951 583 8809  
**EMAIL ADDRESS** :  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY



PRIME CARE ALPHA

**GENDER** : Female  
**BIRTHDATE** : 02/08/2003  
**AGE** : 22  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PEME CHEST PA, CBC, UA, SE <i>waived</i> DRUG TEST (NOTE: PLEASE COMPLY ALL 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 VATALE SALES : V-A-T : SC/PWD DISCOUNT : AMOUNT DUE : 800.00

**PREPARED BY:**

Floren A. Manigos

**ACKNOWLEDGED BY:**

*BLO 3/31/25*

Signature Over Printed Name

**VALIDATED**

BY: *[Signature]*  
 Signature Over Printed Name