



# 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 :**

*VA an 20/20 V12A*

### [000160] IPLOY STAFFING SOLUTIONS

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

Priority No.	0044
SO No.	495637
S.O Date	04/07/2025
Terms	30 Days
Amount Due	P800.00

### PATIENT INFORMATION

**PATIENT ID** : 123112  
**PATIENT NAME** : CATUBIG, KHARRINE, -  
**PATIENT ADDRESS** : PUROK NANGKA, Cabangahan, Consolacion, Cebu  
**MOBILE NO.** : 0998260 6824  
**EMAIL ADDRESS** : catubig590@gmail.com  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY

**GENDER** : Female  
**BIRTHDATE** : 04/14/1998  
**AGE** : 26  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

**Prime CARE**

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME »PE, CHEST PA, CBC, UA, <i>My signed</i> DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THE DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)	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

*Bio Don  
4/7/25*

**PREPARED BY:**

Juwelyn N. Ursal

**ACKNOWLEDGED BY:**

Signature Over Printed Name

**VERIFIED BY:**  
**VALIDATED**

Signature Over Printed Name

Date Created: 04/07/2025 11:04 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 \*\*\*

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