



**Medgrupee 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 :** K: 20/920 1:20/25

**[000160] IPLOY STAFFING SOLUTIONS**

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

Priority No.	0043
SO No.	495636
S.O Date	04/07/2025
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

**PATIENT ID** : 123111  
**PATIENT NAME** : GABRILLO, EDZEL, SUNDIAN  
**PATIENT ADDRESS** : 545, Pardo (Pob.), Cebu City (Capital), Cebu  
**MOBILE NO.** : 0948 433 9145  
**EMAIL ADDRESS** : edzelgabrillo02@icloud.com  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY

**GENDER** : Female  
**BIRTHDATE** : 09/02/1994  
**AGE** : 30  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

**CODE** : P127  
**PARTICULARS/PROCEDURE** : IPLOY PEME  
**QTY** : 1.00  
**UNIT PRICE** : 800.00  
**AMOUNT** : 800.00

**AMOUNT** : 800.00

**AMOUNT** : 800.00

**TOTAL SALES** : 800.00  
**VARIABLE SALES** : 0.00  
**SC/PWD DISCOUNT** : 0.00  
**AMOUNT** : 800.00

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**PREPARED BY:** Juvelyn N. Urset  
**ACKNOWLEDGED BY:** *[Signature]*  
**DATE:** 07 APR 2025

**ACKNOWLEDGED BY:**

**DATE:** 07 APR 2025

**BY:** *[Signature]*

**AMOUNT** : 800.00

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 charges associated with the products and services.

**THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM**

**VALIDATED**  
 VERIFIED BY: *[Signature]*

Date Created: 04/07/2025 10:59 AM