



**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 (Capital), Cebu  
 09177097074 / 09171575430

4/24/25  
 PAY P  
 YOU WILL HAVE TO

Priority No.	0
SO No.	496
S.O Date	04/14/25
Terms	30 D
Amount Due	P800

**PATIENT INFORMATION**

**PATIENT ID** : 123860  
**PATIENT NAME** : CEBAS, JEANY BEI, LIBARDO  
**PATIENT ADDRESS** : J. LABRA ST., Guadalupe, Cebu City (Capital), Cebu  
**MOBILE NO.** : 0963 493 0219  
**EMAIL ADDRESS** : cebasjbei@gmail.com  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY

**GENDER** : Female  
**BIRTHDATE** : 09/08/1999  
**AGE** : 25  
**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 »PE, CHEST PA, CBC, UA, SE, W, 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 VATABLE SALES : V-A-T : SC/PWD DISCOUNT : AMOUNT DUE : 800.00

Bio bone  
 4/14/25

**PREPARED BY:**

Juvilyn M. Ursal

**ACKNOWLEDGED BY:**

Signature Over Printed Name

**BY:**

Signature Over Printed Name

**VALIDATED**  
 VERIFIED BY: