



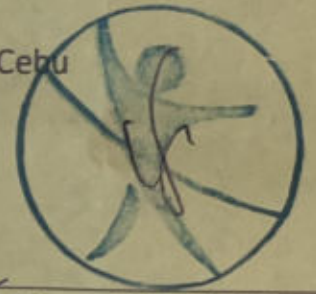
BILL TO :

[000160] IPLOY STAFFING SOLUTIONS
 16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City
 (Capital), Cebu
 09177097074 / 09171575430

Priority No.	0090
SO No.	496884
S.O Date	04/22/2025
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 124069
PATIENT NAME : ROSEL, TRISHA JANE, .
PATIENT ADDRESS : Quiot Pardo, Cebu City (Capital), Cebu
MOBILE NO. : 0928 590 0961
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY



GENDER : Female
BIRTHDATE : 01/19/1999
AGE : 26
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

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

PREPARED BY: Arissa Marie L. Armenion
ACKNOWLEDGED BY: *[Signature]*
 Signature Over Printed Name
VERIFIED BY: **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.

BY: *[Signature]* Date Created: 04/22/2025 02:19 PM