



**Medgrupp Polyclinics & Diagnostic Center, Inc.**  
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabele, 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  
 (Capital), Cebu  
 09177097074 / 09171575430

Priority No.	0048
SO No.	496681
S.O Date	04/21/2025
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

**PATIENT ID** : 123994  
**PATIENT NAME** : DE LA CERNA, WENNIE JOY, DE LA CRUZ  
**PATIENT ADDRESS** : ESTA BARIGAN, Cebu City (Capital), Cebu  
**MOBILE NO.** : 0965 821 1026  
**EMAIL ADDRESS** : wennie1096@gmail.com  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY

**GENDER** : Female  
**BIRTHDATE** : 04/10/1996  
**AGE** : 29  
**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

**DRUG TEST** :  
**NOTE** : PLEASE COMPLETE ALL THE FOLLOWING TEST WITHIN THIS DAY OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE (UPON NEXT AVAILMENT.)

**THE CARP**  
 800.00  
*Boh Dore*

**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:**

Juvelyn N. Arsal

**ACKNOWLEDGED BY:**

Signature Over Printed Name

**VALIDATED**  
 VERIFIED BY:  
 Signature Over/Printed Name

BY: \_\_\_\_\_  
 Date Created: 04/21/2025 10:32 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 charges associated with the products and services.

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