



**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 :**

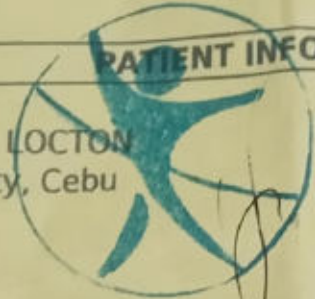
**[000160] IPLOY STAFFING SOLUTIONS**  
 16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City  
 (Capital), Cebu  
 09177097074 / 09171575430

Priority No.	
SO No.	0012
S.O Date	498588
Terms	05/13/2025
Amount Due	30 Days
	P800.00

**PATIENT INFORMATION**

**PATIENT ID** : 066013  
**PATIENT NAME** : DEL CASTILLO, JINKY, LOCTON  
**PATIENT ADDRESS** : Labogon, Mandaue City, Cebu  
**MOBILE NO.** : 0955 001 3251  
**EMAIL ADDRESS** :  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY

**GENDER** : Female  
**BIRTHDATE** : 11/30/1990  
**AGE** : 34  
**CIVIL STATUS** : Married  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT



**Prime CARE**

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME	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

*Handwritten:* 0995 Prime CARE  
 PE, CHEST PA, CBC, UA, SE *sampled*  
 DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)

**BIOMETRICS DONE**  
**DATE: 13 MAY 2025**

**PREPARED BY:**

Arissa Marie L. Armenion

**ACKNOWLEDGED BY:**

Signature Over Printed Name

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

Signature Over Printed Name

**BY:**

Date Created: 05/13/2025 07:53 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 \*\*\*