Medgruppe 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

Priority No.	0004
SO No.	499172
S.O Date	05/19/2025
Terms	30 Days
Amount Due	₱800.00

BILL TO :

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

PATIENT INFORMATION

PATIENT ID	: 125002	**GENDER**	: Male
PATIENT NAME	: MORSE, ELTONJHON, MAUSIA	**BIRTHDATE**	: 12/25/2001
PATIENT ADDRESS	: M.L QUEZON ST., Cabancalan, Mandaue City, Cebu	**AGE**	: 23
MOBILE NO.	: 0946 020 4567	**CIVIL STATUS**	: Single
EMAIL ADDRESS	: eltonjhonsrom@gmail.com	**SC/PWD ID**	:
REQUESTING PHYSICIAN	:	**HMO CARD NO.**	:
COMPANY/REFERRED BY	: IPLOY STAFFING SOLUTIONS	**PATIENT STATUS**	: FOR EMPLOYMENT
RESULT DELIVERY	: DELIVERY		

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.)	1.00	800.00	800.00

Prime CARE ALPHA

SUMMARY OF CHARGES

TOTAL SALES	:	800.00
VATABLE SALES	:	0.00
V-A-T	:	0.00
SC/PWD DISCOUNT	:	0.00
AMOUNT DUE	:	800.00

PREPARED BY:
Juvelyn N. Ursal

B.C 5/19/25

ACKNOWLEDGED BY:
Signature Over Printed Name

VERIFIED BY:
VALIDATED
BY:
Signature Over Printed Name

Scanned with CamScanner

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.

Date Created: 05/19/2025 07:28 AM

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