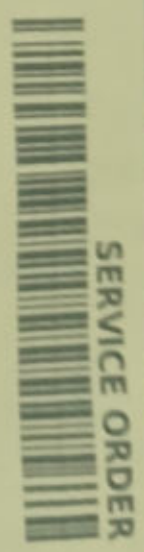




Medgrupee Polyclinics & Diagnostic Center, Inc.
 2nd Level, APM Centre, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
 Tel # (032) 232-2273/266-3245
 www.primecarealpha.ph



SERVICE ORDER

BILL TO: *W ON 24/05-1 JP 9*

[000160] IPLOY STAFFING SOLUTIONS
 1st floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu City
 (Capital), Cebu
 09177097074 / 09171575430

Priority No.	0105
SO No.	500054
S.O Date	05/26/2025
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 125496
PATIENT NAME : May, Claudine Ann, Maambong
PATIENT ADDRESS : 48 -A F Jaca, Kinasang-An Pardo, Cebu City (Capital), Cebu
MOBILE NO. : 0962 157 1150
EMAIL ADDRESS : clau75000@gmail.com
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

GENDER : Female
BIRTHDATE : 08/12/2003
AGE : 21
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	1.00	800.00	800.00	TOTAL SALES : 800.00
	*PEL CHEST PA CBC/PE, UA, SE W				VARIABLE SALES : 0.00
	DRUG TEST (NOTE: PLEASE COMPLETE ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)				V-A-T : 0.00
					SC/PWD DISCOUNT : 0.00
					AMOUNT DUE : 800.00

PREPARED BY:
 JILLY U. HERNANDEZ

[Signature]
 Signature Over Printed Name

ACKNOWLEDGED BY:

VALIDATED
 VERIFIED BY:
[Signature]
 Signature Over Printed Name

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