



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

SERVICE ORDER



WITHMPSES. PLEASE COME
 DATE SCHEDULED 6/9/25
 OTHERWISE YOU WILL HAVE TO
 PAY P

BILL TO :

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

Priority No.	0040
SO No.	500686
S.O Date	06/02/2025
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 125744
PATIENT NAME : DAGOC, ANGEL MAE BACULLIO
PATIENT ADDRESS : Mabolo, Cebu City (Capital), Cebu
MOBILE NO. : 0967 452 4749
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

GENDER : Female
BIRTHDATE : 03/05/1981
AGE : 44
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

Prime CARE

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY BEME	1.00	800.00	800.00	TOTAL SALES 800.00
7821	2PE, CHEST PA, CBC, UA, USE WAVED DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)				VATABLE SALES 0.00 V-A-T 0.00 SC/PWD DISCOUNT 0.00 AMOUNT DUE 800.00

BIOMETRICS DONE
 DATE: 06/02/25

VALIDATED
 VERIFIED BY:

PREPARED BY: Floren A. Manigos	ACKNOWLEDGED BY: Signature Over Printed Name	BY: Signature Over Printed Name
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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: 06/02/2025 11:28 AM

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