



**Medgrappe 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.	0015
SO No.	516128
S.O Date	12/08/2025
Terms	30 Days
Amount Due	P800.00

**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** : 142528  
**PATIENT NAME** : OCHEA, SHAIRA, MURILLO  
**PATIENT ADDRESS** : AVENUE PATALINGHUG, Basak, Lapu-Lapu City, Cebu  
**MOBILE NO.** : 0933 392 5115  
**EMAIL ADDRESS** : shaira.ochea@gmail.com  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY

**GENDER** : Female  
**BIRTHDATE** : 03/07/2006  
**AGE** : 19  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT



**CODE PARTICULARS/PROCEDURE QTY UNIT PRICE AMOUNT**

P127 IPLOY PENE 1.00 800.00 800.00

TYPE CHEST PAIN, CBC, UA, SG, Lungs  
 DRUG TEST (NOTE: PLEASE COMPLETE ALL  
 THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU  
 WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT  
 AVAILMENT.)

**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. Ursal

**ACKNOWLEDGED BY:**

Signature Over Printed Name

**VALIDATED**

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 charges associated with the products and services.

Date Created: 12/08/2025 09:16 AM

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