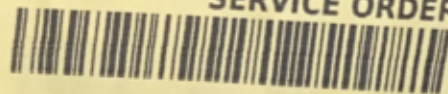




**Medgrupe Polyclinics & Diagnostic Center, Inc.**  
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
 Tel# (032) 232-2273/266-3245  
 www.primecarealpha.ph

**SERVICE ORDER**



**BILL TO :**

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

Priority No.	0064
SO No.	517428
S.O Date	12/22/2025
Terms	30 Days
Amount Due	P750.00

**PATIENT INFORMATION**

**PATIENT ID** : 142981  
**PATIENT NAME** : HISOLER, ERICA CASSANDRA, LABONITE  
**PATIENT ADDRESS** : Apas, Cebu City (Capital), Cebu  
**MOBILE NO.** : 0985 003 2515  
**EMAIL ADDRESS** : hisolrerica@gmail.com  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY

**GENDER** : Female  
**BIRTHDATE** : 10/31/1999  
**AGE** : 26  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P024	PRE-EMPLOYMENT PACKAGE A (PEME) *PE, CHEST PA, CBC, SE, VANTAGE PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON YOUR NEXT AVAILMENT.) PLEASE AVAIL ALL THE FOLLOWING TEST WITHIN THE DAY	1.00	750.00	750.00	<b>TOTAL SALES</b> : 750.00 <b>VARIABLE SALES</b> : 0.00 <b>V-A-T</b> : 0.00 <b>SC/PWD DISCOUNT</b> : 0.00 <b>AMOUNT DUE</b> : 750.00

**PREPARED BY:**

JILLY U. HERNANDEZ

**ACKNOWLEDGED BY:**

Signature Over Printed Name

**VALIDATED**

BY: Signature Over Printed Name

Date Created: 12/22/2025 01:50 PM

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 \*\*\*\*