



**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.	0038
SO No.	517397
S.O Date	12/22/2025
Terms	30 Days
Amount Due	₱800.00

**PATIENT INFORMATION**

**PATIENT ID** : 142974  
**PATIENT NAME** : BENOLOGA, CYRIL, CATIAN  
**PATIENT ADDRESS** : Cogon, Compostela, Cebu  
**MOBILE NO.** : 0909 348 2110  
**EMAIL ADDRESS** : cyrilbenologa123@gmail.com  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY



**GENDER** : Male  
**BIRTHDATE** : 07/09/2000  
**AGE** : 25  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

**Prime CARE**

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME *PE, CHEST PA, CBC, UA, SE <i>waived</i> 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

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

**BIOMETRICS DONE**  
**DATE: 12-22-2025**

<b>PREPARED BY:</b> JILLY U. HERNANDEZ	<b>ACKNOWLEDGED BY:</b>  Signature Over Printed Name	<b>VERIFIED BY:</b> <b>VALIDATED</b> Signature Over Printed Name By: _____
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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: 12/22/2025 10:50 AM

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