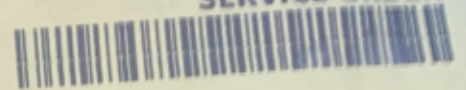




**Medgrupe Polyclinics & Diagnostic Center, Inc.**  
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
 Tel # (032) 232-2273/266-3245  
 www.primetcarealpha.ph

**SERVICE ORDER**



**BILL TO :**

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

Priority No.	0082
SO No.	520205
S.O Date	01/19/2026
Terms	30 Days
Amount Due	₱800.00

**PATIENT INFORMATION**

**PATIENT ID** : 144804  
**PATIENT NAME** : PUNAY, ELLEN, RIVERA  
**PATIENT ADDRESS** : Tayud, Consolacion, Cebu  
**MOBILE NO.** : 0975 883 0096  
**EMAIL ADDRESS** : .....  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY

BIOMETRICS DONE  
 DATE: 1/19/26

**GENDER** : Female  
**BIRTHDATE** : 07/21/2003  
**AGE** : 22  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
127	IPLOY PEME »PE, CHEST PA, CBC, UA, SE advised 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

**PREPARED BY:**  
 Dante P. Tampus

**ACKNOWLEDGED BY:**

Signature Over Printed Name

**VALIDATED**

BY Signature Over Printed Name

Date Created: 01/19/2026 12:08 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 \*\*\*\*