



**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

5683

**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. | 0100       |
| SO No.       | 520224     |
| S.O Date     | 01/19/2026 |
| Terms        | 30 Days    |
| Amount Due   | P800.00    |

**PATIENT INFORMATION**

|   |  |
|---|--|
| <b>PATIENT ID</b> : 144816                              | <b>GENDER</b> : Female                 |
| <b>PATIENT NAME</b> : FORTICH, SHARAH MAY, BATOMALAUQUE | <b>BIRTHDATE</b> : 05/21/2006          |
| <b>PATIENT ADDRESS</b> : Jagobiao, Mandaue City, Cebu   | <b>AGE</b> : 19                        |
| <b>MOBILE NO.</b> : 0947 490 0610                       | <b>CIVIL STATUS</b> : Single           |
| <b>EMAIL ADDRESS</b> :                                  | <b>SC/PWD ID</b> :                     |
| <b>REQUESTING PHYSICIAN</b> :                           | <b>HMO CARD NO.</b> :                  |
| <b>COMPANY/REFERRED BY</b> : IPLOY STAFFING SOLUTIONS   | <b>PATIENT STATUS</b> : FOR EMPLOYMENT |
| <b>RESULT DELIVERY</b> : DELIVERY                       |  |

**BIOMETRICS DONE**  
 DATE: JAN 19 2026

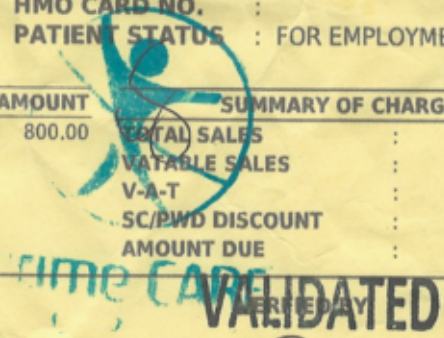
| CODE | PARTICULARS/PROCEDURE   | QTY  | UNIT PRICE | AMOUNT | SUMMARY OF CHARGES   |
|------|---|------|------------|--------|--|
| P127 | IPLOY PEME<br>»PE, CHEST PA, CBC, UA, SE <i>waived</i><br>DRUG TEST (NOTE: PLEASE COMPLY ALL<br>THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU<br>WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT<br>AVAILMENT.) | 1.00 | 800.00     | 800.00 | TOTAL SALES : 800.00<br>VARIABLE SALES : 0.00<br>V-A-T : 0.00<br>SC/PWD DISCOUNT : 0.00<br>AMOUNT DUE : 800.00 |

**PREPARED BY:**

Floren A. Manigos

**ACKNOWLEDGED BY:**

Signature Over Printed Name



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 changes associated with the products and services.

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