



**Medgrupe Polyclinics & Diagnostic Center, Inc.**  
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
 Tel # (032) 232-2273/266-3245  
 www.primicarealpha.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.	0127
SO No.	521628
S.O Date	01/26/2026
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

<b>PATIENT ID</b>	: 145891	<b>GENDER</b>	: Male
<b>PATIENT NAME</b>	: JAMSANI, AL-FREHAT, INDING	<b>BIRTHDATE</b>	: 04/22/2001
<b>PATIENT ADDRESS</b>	: Kasambagan, Cebu City (Capital), Cebu	<b>AGE</b>	: 24
<b>MOBILE NO.</b>	: 0905 910 8964	<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		

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	IPLOY PEME »PE, CHEST PA, CBC, UA, SEW 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	<b>TOTAL SALES</b> : 800.00 <b>VARIABLE SALES</b> : 0.00 <b>V-A-T</b> : 0.00 <b>SC/PWD DISCOUNT</b> : 0.00 <b>AMOUNT DUE</b> : 800.00

<b>PREPARED BY:</b> Dante P. Tampus	<b>ACKNOWLEDGED BY:</b> Signature Over Printed Name	<b>VALIDATED BY:</b> Signature Over Printed Name
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Page 1 of 1 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: 01/26/2026 02:58 PM

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