



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 :

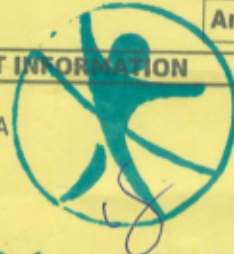
[000160] IPLOY STAFFING SOLUTIONS

16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City
 (Capital), Cebu
 09177097074 / 09171575430

Priority No.	0025
SO No.	523601
S.O Date	02/09/2026
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 147538
PATIENT NAME : OCTAVIANO, BOBBY HANS, DELA PISA
PATIENT ADDRESS : Luz, Cebu City (Capital), Cebu
MOBILE NO. : 0921 350 2098
EMAIL ADDRESS : octavianohans@gmail.com
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY



GENDER : Male
BIRTHDATE : 12/21/1999
AGE : 26
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>32.20</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: FEB 09 2026

PREPARED BY: Juvelyn N. Ursal	ACKNOWLEDGED BY: Signature Over Printed Name	VERIFIED BY: VALIDATED Signature Over Printed Name
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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.

BY: Date Created: 02/09/2026 09:23 AM

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