



**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.	0024
SO No.	523600
S.O Date	02/09/2026
Terms	30 Days
Amount Due	P800.00

**PATIENT INFORMATION**

**PATIENT ID** : 147536  
**PATIENT NAME** : PATILUNA, JAMAICA ROSE, YONCO  
**PATIENT ADDRESS** : Dumlog, City Of Talisay, Cebu  
**MOBILE NO.** : 0936 893 9170  
**EMAIL ADDRESS** : roseyongco@gmail.com  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY



**GENDER** : Female  
**BIRTHDATE** : 02/23/2005  
**AGE** : 20  
**CIVIL STATUS** : Single  
**SC/PWD ID** :  
**HMO CARD NO.** :  
**PATIENT STATUS** : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME PE CHEST PA, CBC, UA, SE 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

**PRIME CARE ALPHA**  
**BIOMETRICS DONE**  
**DATE: 2/9/26**

**VALIDATED**  
**VERIFIED BY:**  
 BY \_\_\_\_\_  
 Signature Over Printed Name

<b>PREPARED BY:</b> Juvelyn N. Ursal	<b>ACKNOWLEDGED BY:</b> _____ 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 charges associated with the products and services.

Date Created: 02/09/2026 09:17 AM

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

