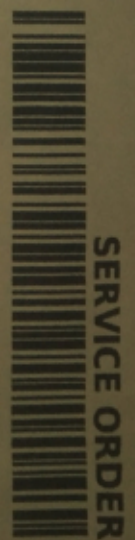




Medgrupe Polyclinics & Diagnostic Center, Inc.
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
 Tel # (032) 232-2273/266-3245
 www.primicarealpha.ph



2026.03.02 14:21

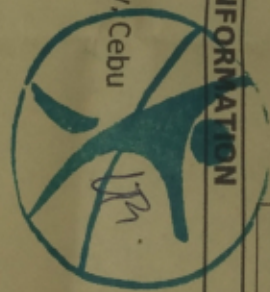
BILL TO :

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

Priority No.	0017
SO No.	525911
S.O Date	03/02/2026
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 067728
PATIENT NAME : NACARIO, CATHERINE, ANTIPOARTA
PATIENT ADDRESS : PANAGHI-USA, San Isidro, City Of Talisay, Cebu
MOBILE NO. : 0915 443 4392
EMAIL ADDRESS : CATHERINE.NACARIO31@GMAIL.COM
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY



GENDER : Female
BIRTHDATE : 01/24/1987
AGE : 39
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
STATUS : FOR EMPLOYMENT

CODE : P127
PARTICULARS/PROCEDURE : IPLOY PEME

»PE CHEST PA XRAY CBC UA URSE W
 DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)

QTY	UNIT PRICE	AMOUNT
1.00	800.00	800.00

BIOMETRICS DONE
DATE : MAR 02 2026

PREPARED BY:

JILLY U. HERNANDEZ

ACKNOWLEDGED BY:

Signature Over Printed Name

VALIDATED

Signature Over Printed Name

Date Created: 03/02/2026 14:26

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 ****

