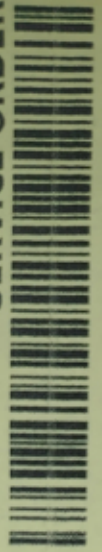


Medgrin Alpha of **Prime Care** & Diagnostic Center, Inc.
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
 Tel # (032) 232-2273/266-3245
 www.primcare.com

SERVICE ORDER



Priority No.	0085
SO No.	527458
S.O Date	03/16/2026
Terms	30 Days
Amount Due	P800.00

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

*please come on date scheduled
 3/26/26 otherwise*

PATIENT INFORMATION

PATIENT ID : 151164
 PATIENT NAME : TOMAQUIN, MARIA THERESSA, CAMAJALAN
 PATIENT ADDRESS : Pahina Central (Pop.), Cebu City (Capital), Cebu
 MOBILE NO. : 0961 449 2253
 EMAIL ADDRESS :
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY

GENDER : Female
 BIRTHDATE : 02/03/2002
 AGE : 24
 CIVIL STATUS : Single
 SC/PWD ID :
 HMO CARD NO. :
 PATIENT STATUS : FOR EMPLOYMENT

Prime Care

CODE / PARTICULARS/PROCEDURE
 P127 IPLOY PEME : 800.00
 *PE, CHEST PA, CBC, UA, SE, WBC, *WMA* : 100
 DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TESTS WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)

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: MAR 16 2026

VALIDATED

ACKNOWLEDGED BY:

PREPARED BY:

BY: *[Signature]*
 Signature Over Printed Name

Signature Over Printed Name

Cedric S. Ytano

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: 03/16/2026 12:03 PM

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