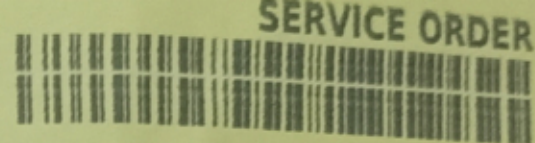




**Medgrupe Polyclinics & Diagnostic Center, Inc.**  
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Maholn, Cebu City  
 Tel # (032) 232-2273/266-3245  
 www.primecarealpha.ph



**BILL TO :**

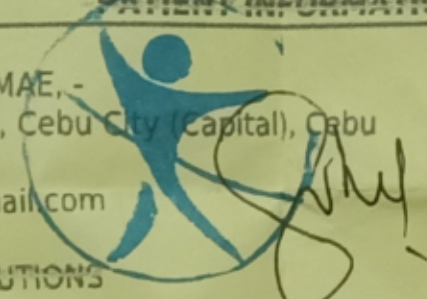
**[000160] IPLOY STAFFING SOLUTIONS**  
 16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City  
 (Capital), Cebu  
 09177097074 / 09171575430

Priority No.	0018
SO No.	517373
S.O Date	12/22/2025
Terms	30 Days
Amount Due	₱800.00

**PATIENT INFORMATION**

**PATIENT ID** : 142963  
**PATIENT NAME** : CANTILLAS, ATASHA MAE, -  
**PATIENT ADDRESS** : Tejero (Villa Gonzalo), Cebu City (Capital), Cebu  
**MOBILE NO.** : 0945 120 8177  
**EMAIL ADDRESS** : atashaacantillas@gmail.com  
**REQUESTING PHYSICIAN** :  
**COMPANY/REFERRED BY** : IPLOY STAFFING SOLUTIONS  
**RESULT DELIVERY** : DELIVERY

**GENDER** : Female  
**BIRTHDATE** : 11/04/2003  
**AGE** : 22  
**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	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

DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)

**BIOMETRICS DONE**  
**DATE: DEC 22 2025**

**PREPARED BY:**

Juwelyn N. Ursal

**ACKNOWLEDGED BY:**

Signature Over Printed Name

**VALIDATED**

Signature Over Printed Name

Date Created: 12/22/2025 08:59 A

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.