

MEDGRUPPOLYCLINICS & DIAGNOSTIC CENTER, INC.

2nd Level, APM Center, A. Soriano Jr. Ave., NRA
 Mabolo, 6000 Cebu City, Philippines
 Tel. Nos. (032) 212-2973 • (032) 266-2245

SERVICE ORDER

SO No. 600705882
 Date: 9/22/2019
 Ref. No. 70482
 Date of Birth: 05/30/95

Patient Name: **ABAYA, CHERRY ROSE SARERON**
 HMO No.: _____ Gender: **F** Age: **24 yrs. old**
 Address: **1052 P. SAN MIGUEL ST., CEBU CITY**
 Reason: **Pre Delivery** Referred by: **EMPLOY INC.**

QTY	ITEM NO	DESCRIPTION	UNIT PRICE	AMOUNT
1	3811	CHEST PA, CBC, UA, DENG TEST	650.00	650.00

NOTE: PLS. COMPLY ALL THE TESTS WITHIN
 THE DATE OF AVAILMENT OTHERWISE IT WILL
 BE OF PERSONAL EXPENSE

Payment Method: **COMPANY**
 Employer: **EMPLOY INC.**
 Charge To: **EMPLOY INC.**
 Remarks: **APRIL**
 Check-up Type: **PRE-EMPLOYMENT**



Other Charges: **0.00**
 Less Discount: **0.00**
 Total Amount: **000.00**

Customer Signature _____

 Date

PRIME TIME
 E E B H

Lab. No. _____