

BALANCE STATEMENT

PATIENT NAME: Alexina M. Nyakoe

PATIENT NUMBER: 234/12

PATIENT TYPE: Cash

STATEMENT DATE: 2016-08-24

MOLARS DENTAL

3rd Flr Electricity House

Harambee Avenue City Centre

Tel: 020 242 8104

Mobile: 0751 856 900

Email: creditcontrol@molars.co.ke

DATE	TRANSACTION DESCRIPTION	INSURANCE DEBIT	INSURANCE CREDIT	CASH DEBIT	CASH CREDIT	POINTS DEBIT	POINTS CREDIT
2012-02-02	Consultation Done			500.00			
2012-02-02	fms and polishing Not Started			0.00			
2012-02-02	xla 28 Partially Done			0.00			
TOTALS		0.00	0.00	500.00	0.00	0.00	0.00
BALANCE		0		500.00		0	