BALANCE STATEMENT

PATIENT NAME: Faiz Omar Hamza

PATSENT NUMBER: 1151/12

Avenue City Centre PATIENT TYPE: UAP - First community 020 242 8104

STM TEM ENT 5 D & 5 6 9 2 0 16 - 08 - 24

MOLARS DENTAL 3rd FIr Electricity Harambee Tel:

Email: creditcontrol@molars.co.ke							
DATE	TRANSACTION	INSURANCE	INSURANCE	CASH DEBIT	CASH CREDIT	POINTS	POINTS
	DESCRIPTION	DEBIT	CREDIT			DEBIT	CREDIT
2012-06-02	Consultation Done			1,000.00			
2012-06-02	fms and polishing Not Started			5,000.00			
2012-06-02	pf 26m Partially Done			2,500.00			
2012-06-02	Payment: Cash R17060-06/12				3,500.00		
2015-02-20	Amalgam Fillings 26 Partially Done			1,000.00			
2015-02-20	Amalgam Fillings 26 Partially Done - I32549-02/15	2,000.00					
2015-02-20	Consultation Done - I32549-02/15	1,000.00					
2015-02-20	Digital OPG X ray Done - I32549-02/15	2,000.00					
2015-02-20	Loyalty Points						7.67
2015-02-24	Loyalty Points						0.58
2015-07-30	Payment: EFT RI8950-07/15		5,000.00				
TOTALS		5,000.00	5,000.00	9,500.00	3,500.00	0.00	8.25
BALANCE		0		6,000.00		-8.25	