

BALANCE STATEMENT

PATIENT NAME: KYLA NJOKI

PATIENT NUMBER: 2866/14

PATIENT TYPE: Cash - 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
2014-07-04	Consultation Done			1,000.00			
2014-07-04	Extraction(Pedeatric) 44,34 Not Started			4,000.00			
2014-07-04	Loyalty Points						0.47
TOTALS		0.00	0.00	5,000.00	0.00	0.00	0.47
BALANCE		0		5,000.00		-0.47	