

BALANCE STATEMENT

PATIENT NAME: Eli paul Njenga

PATIENT NUMBER: 686/10

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
2010-06-04	Payment: Cash R3748-06/10				2,000.00		
2010-06-11	Filling 11, 21, 26 Done			4,500.00			
2010-06-11	Filling 11, 21, 26 Not Started			4,500.00			
2010-06-11	Full mouth scaling Not Started			3,000.00			
2010-06-11	OPG XRAY Done			1,000.00			
2010-06-11	OPG Xray Done			1,000.00			
2010-06-11	Payment: Cash R3819-06/10				3,500.00		
TOTALS		0.00	0.00	14,000.00	5,500.00	0.00	0.00
BALANCE		0		8,500.00		0	