BALANCE STATEMENT

PATIENT NAME: MELANIE TYRA SWANYA

MOLARS DENTAL

3rd FIr Electricity

Harambee

Tel:

PAUSENT NUMBER: 5081/15

Avenue City Centre PATIENT TYPE: APA insurance - COUNTY GOVERNMENT OF KISII 020 242 8104

STM 4 ENT 5 D & 5 6 9 2 0 16 - 08 - 24

Email: creditcontrol@molars.co.ke

DATE	TRANSACTION	INSURANCE	INSURANCE	CASH DEBIT	CASH CREDIT	POINTS	POINTS
	DESCRIPTION	DEBIT	CREDIT			DEBIT	CREDIT
2015-08-17	Consultation Done - I36636-08/15	1,000.00					
2015-08-17	Digital OPG X ray Done -	1,500.00					
2015-08-17	Loyalty Points						0.87
2015-08-17	Root Canal Treatment 25 Partially Done			500.00			
2015-08-17	upper/lower ortho Not Started			120,000.00			
2015-10-28	Payment: EFT RI11603-10/15		2,500.00				
TOTALS		2,500.00	2,500.00	120,500.00	0.00	0.00	0.87
BALANCE		0		120,500.00		-0.87	