

BALANCE STATEMENT

PATIENT NAME: Joan Wanjira Njagi

MOLARS DENTAL
3rd Flr Electricity
Harambee
Tel:

PATIENT NUMBER: 503/11

House
Avenue City Centre
PATIENT TYPE: Cash - cash
020 242 8104

STATION 075 D 56 920
MOBILE 075 D 56 920
DATE 2016-08-24

Email: creditcontrol@molars.co.ke

DATE	TRANSACTION DESCRIPTION	INSURANCE DEBIT	INSURANCE CREDIT	CASH DEBIT	CASH CREDIT	POINTS DEBIT	POINTS CREDIT
2011-03-28	fms Partially Done			4,000.00			
2011-03-28	fms & p Not Started			4,000.00			
2011-03-28	Payment: Cash R8131-03/11				3,000.00		
2011-04-04	Payment: Cash R8333-04/11				1,500.00		
2011-09-02	Consultation Not Started			0.00			
2011-09-02	PF 36, b37, 38, 46, 47, 48 Partially Done			8,000.00			
2011-09-02	dis 38, 48 Not Started			8,000.00			
2011-09-02	fms and polishing Done			4,000.00			
2011-09-02	xla 18 Not Started			2,000.00			
2011-09-02	xla 28 Done			1,000.00			
2011-09-02	Payment: VISA R11535-09/11				12,500.00		
2012-09-03	Extraction(Adult) Done			2,000.00			
2012-09-03	Full Mouth Scaling , Done			4,000.00			
2012-09-03	Payment: Cash R19677-09/12				2,000.00		
2012-09-05	Payment: Cash R19726-09/12				3,000.00		
2013-07-08	Payment: VISA R33484-07/13				5,000.00		
2013-07-19	Full Mouth Scaling Done			5,000.00			
TOTALS		0.00	0.00	42,000.00	27,000.00	0.00	0.00
BALANCE		0		15,000.00		0	