BALANCE STATEMENT

PATIENT NAME: ISAAC KARIUKI KIHARA

MOLARS DENTAL

3rd FIr Electricity

Harambee

Tel:

PAUSENT NUMBER: 5640/15

Avenue City Centre PATIENT TYPE: Jubilee Ins. Co. - ILRI 020 242 8104

STM 4 PIN EN 5 D & 5 E 9 20 16-08-24

Email: creditcontrol@molars.co.ke

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DATE	TRANSACTION	INSURANCE	INSURANCE	CASH DEBIT	CASH CREDIT	POINTS	POINTS
	DESCRIPTION	DEBIT	CREDIT			DEBIT	CREDIT
2015-08-28	Bridge replacing 15,16 Not Started			60,000.00			
2015-08-28	Consultation Done - I36960-08/15	1,000.00					
2015-08-28	Dentofit tooth paste Done			1,500.00			
2015-08-28	Digital OPG X ray Done - 136960-08/15	1,500.00					
2015-08-28	Gum treatment Done - I36960-08/15	5,000.00					
2015-08-28	Loyalty Points						0.79
2015-08-28	Payment: Cash R14742-08/15				1,000.00		
2015-11-12	Payment: Cheque RI12010-11/15		7,500.00				
TOTALS		7,500.00	7,500.00	61,500.00	1,000.00	0.00	0.79
BALANCE		0		60,500.00		-0.79	