

BALANCE STATEMENT

PATIENT NAME: BEATRICE MUTHONI WANGU

PATIENT NUMBER: 9406/15

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
2015-10-09	Composite Fillings 36,37,38 buccal caries Not Started			12,000.00			
2015-10-09	Composite Fillings 48,46 buccal caries Not Started			8,000.00			
2015-10-09	Consultation Done			1,000.00			
2015-10-09	Crown 47 Not Started			15,000.00			
2015-10-09	Full Mouth Scaling Not Started			5,000.00			
2015-10-09	Loyalty Points						0.35
2015-10-09	Root Canal Treatment 47 Not Started			9,000.00			
2015-10-09	Payment: Cash R16023-10/15				500.00		
TOTALS		0.00	0.00	50,000.00	500.00	0.00	0.35
BALANCE		0		49,500.00		-0.35	