

BALANCE STATEMENT

PATIENT NAME: Winnie Mbete Mutua

MOLARS DENTAL  
3rd Flr Electricity  
Harambee  
Tel:

PATIENT NUMBER: 1785/12

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

STATION 0751856920  
MOBILE 0751856920  
16-08-24

Email: [creditcontrol@molars.co.ke](mailto:creditcontrol@molars.co.ke)

DATE	TRANSACTION DESCRIPTION	INSURANCE DEBIT	INSURANCE CREDIT	CASH DEBIT	CASH CREDIT	POINTS DEBIT	POINTS CREDIT
2012-08-24	Digital OPG X ray, Done			1,000.00			
2012-08-24	Lower Fixed Ortho Not Started			15,000.00			
2012-08-24	Upper Fixed Ortho Not Started			75,000.00			
2012-08-24	polishing Not Started			2,000.00			
TOTALS		0.00	0.00	93,000.00	0.00	0.00	0.00
BALANCE		0		93,000.00		0	