

BALANCE STATEMENT

PATIENT NAME: SHANELLE WAMAITHA KARIUKI

PATIENT NUMBER: 5156/16

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
2016-08-06	Consultation Partially Done			1,000.00			
2016-08-06	Digital OPG X ray Done			2,000.00			
2016-08-06	Loyalty Points						0.57
2016-08-06	prophylaxis & fluoride therapy Not Started			3,000.00			
2016-08-06	upper/lower ortho Not Started			12,000.00			
2016-08-06	Payment: VISA R24852-08/16				2,500.00		
TOTALS		0.00	0.00	18,000.00	2,500.00	0.00	0.57
BALANCE		0		15,500.00		-0.57	