

BALANCE STATEMENT

PATIENT NAME: Melissa Munde Khatika

PATIENT NUMBER: 621/13

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
2013-03-06	Digital OPG X ray, Done			2,000.00			
2013-03-06	Amalgam Fillings 15d, 25d Not Started			5,000.00			
2013-03-06	Consultation Done			0.00			
2013-03-06	Extraction(Adult) 18 Partially Done			1,000.00			
2013-03-06	Gum treatment and Polishing Not Started			5,000.00			
2013-03-06	Open Disimpaction 38 Not Started			8,000.00			
2013-03-06	Root Canal Treatment 14 Not Started			8,000.00			
2013-03-06	Root Canal Treatment 48 Partially Done			5,000.00			
2013-03-06	Payment: Cash R25793-03/13				7,000.00		
TOTALS		0.00	0.00	34,000.00	7,000.00	0.00	0.00
BALANCE		0		27,000.00		0	