

BALANCE STATEMENT

PATIENT NAME: JOEL KIANDUMA

PATIENT NUMBER: 3343/15

PATIENT TYPE: AAR - AFRICAN TOUCH SAFARIS

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
2015-05-28	Consultation Done - I34621-05/15	1,000.00					
2015-05-28	Dentofit tooth paste Done			1,000.00			
2015-05-28	Digital OPG X ray Done - I34621-05/15	2,000.00					
2015-05-28	Loyalty Points						1.25
2015-09-25	Payment: EFT RI10606-09/15		3,000.00				
TOTALS		3,000.00	3,000.00	1,000.00	0.00	0.00	1.25
BALANCE		0		1,000.00		-1.25	