BALANCE STATEMENT

PATIENT NAME: Amara K Wanjiru

PATSENT NUMBER: 1067/12

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

STMTEMENT5DA5692016-08-24
Email: creditcontrol@molars.co.ke

MOLARS DENTAL

3rd Fir Electricity

Harambee

Tel:

| DATE | TRANSACTION | INSURANCE | INSURANCE | CASH DEBIT | CASH CREDIT | POINTS | POINTS |
|------------|----------------------------------|-----------|-----------|------------|-------------|--------|--------|
| | DESCRIPTION | DEBIT | CREDIT | | | DEBIT | CREDIT |
| 2012-05-19 | Consultation Partially Done | | | 1,000.00 | | | |
| 2012-05-19 | opg Not Started | | | 2,000.00 | | | |
| 2012-05-19 | polishing Not Started | | | 2,000.00 | | | |
| 2012-05-19 | sedation Not Started | | | 9,000.00 | | | |
| 2014-04-29 | Extraction(Pedeatric) 42,32 Done | | | 2,000.00 | | | |
| 2014-04-29 | Loyalty Points | | | | | | 0.23 |
| 2014-04-29 | STA Done | | | 2,000.00 | | | |
| 2014-04-29 | Payment: VISA R1465-04/14 | | | | 4,000.00 | | |
| TOTALS | | 0.00 | 0.00 | 18,000.00 | 4,000.00 | 0.00 | 0.23 |
| BALANCE | | 0 | | 14,000.00 | | -0.23 | |