BALANCE STATEMENT

PATIENT NAME: Dorcas Mokandu Omari

PATIENT NUMBER: 3070/12

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 | INSURANCE | INSURANCE | CASH DEBIT | CASH CREDIT POINTS | | POINTS |
|------------|----------------------------------|-----------|-----------|------------|--------------------|-------|--------|
| | DESCRIPTION | DEBIT | CREDIT | | | DEBIT | CREDIT |
| 2012-12-28 | Digital OPG X ray, Done | | | 2,000.00 | | | |
| 2012-12-28 | Amalgam Fillings 25m Not Started | | | 2,500.00 | | | |
| 2012-12-28 | Consultation . Partially Done | | | 1,000.00 | | | |
| 2012-12-28 | Root Canal Treatment 14 Done | | | 8,000.00 | | | |
| 2012-12-28 | Payment: Cash R23486-12/12 | | | | 6,000.00 | | |
| 2013-01-04 | Payment: Cash R23670-01/13 | | | | 2,000.00 | | |
| 2013-01-22 | Payment: Cash R24683-01/13 | | | | 2,000.00 | | |
| TOTALS | | 0.00 | 0.00 | 13,500.00 | 10,000.00 | 0.00 | 0.00 |
| BALANCE | | 0 | | 3,500.00 | | 0 | |