

BALANCE STATEMENT

PATIENT NAME: Eliud Njuguna Kamau
PATIENT NUMBER: 9/10
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
2010-01-04	Payment: Cash R1924-01/10				500.00		
2010-01-06	Consultation Done			500.00			
2010-01-06	fms Not Started			3,000.00			
2010-01-06	lower mmf Partially Done			13,000.00			
2010-01-06	Payment: Cash R1959-01/10				6,000.00		
2010-01-14	Payment: Cash R2039-01/10				4,000.00		
2010-01-30	Payment: Cash R2240-01/10				3,000.00		
2010-06-07	Payment: Cash R3764-06/10				1,000.00		
2013-07-11	Digital OPG X ray, Done			2,000.00			
2013-07-11	Bridge CAD CAM TO REPLACE 43 Not Started			45,000.00			
2013-07-11	Consultation Done			1,000.00			
2013-07-11	Extraction(Adult) 28, 43 Not Started			4,000.00			
2013-07-11	Full Mouth Scaling Not Started			5,000.00			
2013-07-11	Root Canal Treatment 17, 25 Not Started			16,000.00			
2013-07-11	Payment: Cash R33632-07/13				1,500.00		
TOTALS		0.00	0.00	89,500.00	16,000.00	0.00	0.00
BALANCE		0		73,500.00		0	