

BALANCE STATEMENT

PATIENT NAME: Magdaline Sikuku Oduma

PATIENT NUMBER: 2589/13

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 |
|------------|---------------------------------------|--------------------|---------------------|------------|-------------|-----------------|------------------|
| 2013-08-19 | Consultation Done | | | 1,000.00 | | | |
| 2013-08-19 | Masking 31,32,33,41,42,43 Not Started | | | 12,000.00 | | | |
| 2013-08-19 | Masking 31,32,33,41,42,43 Not Started | | | 12,000.00 | | | |
| TOTALS | | 0.00 | 0.00 | 25,000.00 | 0.00 | 0.00 | 0.00 |
| BALANCE | | 0 | | 25,000.00 | | 0 | |