

BALANCE STATEMENT

PATIENT NAME: Angelique Opondo

PATIENT NUMBER: 2499/13

Centre
PATIENT TYPE: Cash - cash

STATEMENT DATE: 2016-08-24

creditcontrol@molars.co.ke

MOLARS DENTAL
3rd Flr Electricity House
Harambee Avenue City
Tel: 020 242 8104
Mobile: 0751 856
Email:

DATE	TRANSACTION DESCRIPTION	INSURANCE DEBIT	INSURANCE CREDIT	CASH DEBIT	CASH CREDIT	POINTS DEBIT	POINTS CREDIT
2013-08-13	Digital OPG X ray, Done			2,000.00			
2013-08-13	Composite Fillings 11,21 Done			6,000.00			
2013-08-13	Consultation Partially Done			1,000.00			
2013-08-13	gum treatment and prophylaxis Not Started			5,000.00			
2013-08-13	Payment: Cash R35455-08/13				1,000.00		
2013-08-23	Payment: Cash R36012-08/13				6,000.00		
2013-08-28	Amalgam Fillings 14d,15m Not Started			6,000.00			
2013-08-28	Payment: Cash R36821-08/13				1,000.00		
TOTALS		0.00	0.00	20,000.00	8,000.00	0.00	0.00
BALANCE		0		12,000.00		0	