

BALANCE STATEMENT

PATIENT NAME: Lilian Nyambura Mwangi

MOLARS DENTAL
3rd Flr Electricity
Harambee
Tel:

PATIENT NUMBER: 322/11

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

STATION 075 D 856 920
MOBILE 075 D 856 920
16-08-24

Email: creditcontrol@molars.co.ke

DATE	TRANSACTION DESCRIPTION	INSURANCE DEBIT	INSURANCE CREDIT	CASH DEBIT	CASH CREDIT	POINTS DEBIT	POINTS CREDIT
2011-02-27	Consultation Done			500.00			
2011-02-27	xla 71,81 Partially Done			1,000.00			
2011-02-27	Payment: Cash R7638-02/11				1,500.00		
2012-08-31	Digital OPG X ray, Done			2,000.00			
2012-08-31	Extraction(Pedeatric) 52, 62 Done			2,000.00			
2012-08-31	Gic Fillings 84 Done			3,000.00			
2012-08-31	Nitrous Oxide Sedation Done			5,000.00			
2012-08-31	Payment: Cash R19647-08/12				1,000.00		
2012-08-31	Payment: Mpesa R19646-08/12				10,000.00		
TOTALS		0.00	0.00	13,500.00	12,500.00	0.00	0.00
BALANCE		0		1,000.00		0	