

BALANCE STATEMENT

PATIENT NAME: FAITH NDANU MUTUA
PATIENT NUMBER: 346/15
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
2015-01-21	Consultation Done			1,000.00			
2015-01-21	Loyalty Points						2.49
2015-01-21	Open Disimpaction 38 Not Started			8,000.00			
TOTALS		0.00	0.00	9,000.00	0.00	0.00	2.49
BALANCE		0		9,000.00		-2.49	