

BALANCE STATEMENT

PATIENT NAME: FAVOUR MANDALA KILIE

PATIENT NUMBER: 6521/15

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
2015-08-31	Consultation Done			1,000.00			
2015-08-31	Loyalty Points						0.30
TOTALS		0.00	0.00	1,000.00	0.00	0.00	0.30
BALANCE		0		1,000.00		-0.30	