

BALANCE STATEMENT

PATIENT NAME: LILIAN NKIROTE MUCHAI

PATIENT NUMBER: 3116/15

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](mailto:creditcontrol@molars.co.ke)

DATE	TRANSACTION DESCRIPTION	INSURANCE DEBIT	INSURANCE CREDIT	CASH DEBIT	CASH CREDIT	POINTS DEBIT	POINTS CREDIT
2015-05-14	Amalgam Fillings 16 Done			1,500.00			
2015-05-14	Consultation Done			1,000.00			
2015-05-14	Crown Not Started			150,000.00			
2015-05-14	Digital OPG X ray Done			2,000.00			
2015-05-14	Loyalty Points						6.65
2015-05-14	PRESCRIPTION: P14065-05/15 Dentofit			1,000.00			
2015-05-14	Root Canal Treatment 17,16,26,27 Not Started			40,000.00			
2015-05-14	Root Canal Treatment 47,46,37 Not Started			30,000.00			
2015-05-14	Payment: VISA R11411-05/15				5,000.00		
TOTALS		0.00	0.00	225,500.00	5,000.00	0.00	6.65
BALANCE		0		220,500.00		-6.65	