

BALANCE STATEMENT

PATIENT NAME: PETER M KITHOME
PATIENT NUMBER: 329/15
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	A Not Started			0.00			
2015-01-21	Consultation Done			1,000.00			
2015-01-21	Digital OPG X ray Done			2,000.00			
2015-01-21	Loyalty Points						0.58
2015-01-21	Payment: Cash R8083-01/15				2,000.00		
TOTALS		0.00	0.00	3,000.00	2,000.00	0.00	0.58
BALANCE		0		1,000.00		-0.58	