

BALANCE STATEMENT

PATIENT NAME: Chelsea Ketcha Gumbé

MOLARS DENTAL
3rd Flr Electricity
Harambee
Tel:

PATIENT NUMBER: 957/12

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

STATIONARY DATE: 2016-08-24

Email: creditcontrol@molars.co.ke

DATE	TRANSACTION DESCRIPTION	INSURANCE DEBIT	INSURANCE CREDIT	CASH DEBIT	CASH CREDIT	POINTS DEBIT	POINTS CREDIT
2012-05-05	Consultation Done			500.00			
2012-05-05	HEAT CURE CROWNS 21.11 Partially Done			16,000.00			
2012-05-05	opg Done			1,000.00			
2012-05-05	Payment: Cash R16448-05/12				1,000.00		
2012-05-10	Payment: Cash R16468-05/12				15,000.00		
2012-06-02	Payment: Cash R17052-06/12				1,000.00		
2013-11-16	Digital OPG X ray, Done			2,000.00			
2013-11-16	Consultation Done			1,000.00			
2013-11-16	Crown 11 21 22 12 Done			30,000.00			
2013-11-16	Payment: Cash R42136-11/13				3,000.00		
2013-11-18	STA Done			1,000.00			
2013-11-18	Payment: Cash R42168-11/13				30,500.00		
TOTALS		0.00	0.00	51,500.00	50,500.00	0.00	0.00
BALANCE		0		1,000.00		0	