

BALANCE STATEMENT

PATIENT NAME: PETER MWANGI

PATIENT NUMBER: 3776/15

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
2015-06-25	Consultation Done			1,000.00			
2015-06-25	Digital OPG X ray Not Started			2,000.00			
2015-06-25	Loyalty Points						1.10
TOTALS		0.00	0.00	3,000.00	0.00	0.00	1.10
BALANCE		0		3,000.00		-1.10	