

BALANCE STATEMENT

PATIENT NAME: Monicah Chepkemei Jeff

PATIENT NUMBER: 1799/13

Centre
PATIENT TYPE: Cash - cash

STATEMENT DATE: 2016-08-24

creditcontrol@molars.co.ke

MOLARS DENTAL

3rd Flr Electricity House

Harambee Avenue City

Tel: 020 242 8104

Mobile: 0751 856

Email:

DATE	TRANSACTION DESCRIPTION	INSURANCE DEBIT	INSURANCE CREDIT	CASH DEBIT	CASH CREDIT	POINTS DEBIT	POINTS CREDIT
2013-06-20	Digital OPG X ray, Done			0.00			
2013-06-20	Extraction(Adult) roots 14, 15, 28 Done			1,000.00			
TOTALS		0.00	0.00	1,000.00	0.00	0.00	0.00
BALANCE		0		1,000.00		0	