

BALANCE STATEMENT

PATIENT NAME: GODFREY MUCHEKE WANYAKI

PATIENT NUMBER: 219/14

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
2014-01-17	Digital OPG X ray,OPEN AND CLOSE VIEWS, Done			4,000.00			
2014-01-17	Amalgam Fillings 16,46 Not Started			5,000.00			
2014-01-17	Consultation Partially Done			1,000.00			
2014-01-17	Extraction(Roots) 27 Not Started			2,000.00			
2014-01-17	Payment: Cash R46068-01/14				4,000.00		
TOTALS		0.00	0.00	12,000.00	4,000.00	0.00	0.00
BALANCE		0		8,000.00		0	