

BALANCE STATEMENT

PATIENT NAME: Shirley Ngendo Muteria

PATIENT NUMBER: 2957/12

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
2012-12-19	Digital OPG X ray, Done			2,000.00			
2012-12-19	Consultation , Partially Done			1,000.00			
2012-12-19	Extraction(Pedeatric) 53,63,75 Partially Done			6,000.00			
2012-12-19	Extraction(Pedeatric) 73,83 Not Started			4,000.00			
2012-12-19	Payment: Cash R23349-12/12				8,000.00		
TOTALS		0.00	0.00	13,000.00	8,000.00	0.00	0.00
BALANCE		0		5,000.00		0	