



Ledger Report

DENTCARE DENTAL LAB PVT. LTD.

From Date : 01/01/2019 To Date : 13/09/2024
AHD000330 - HIMANSHU ARORA

							*Period Opening Bal.:	0.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
17/02/2022	IN	SA2100353572	48744		RATANDEEP 306 LIGHT CURE SPECIAL TRAY (UPPER)	330.00	0.00	330.00
08/03/2022	IN	SA2100378022	5270		RATANDEEP 232a. CoCr CAST PARTIAL DENTURE BILATERAL 7 TO 10 TEETH FRAME WORK ONLY (UPPER)	6,714.00	0.00	7,044.00
01/04/2022	IN	SA2200000676	1000653		RATANDEEP 232b. CoCr CAST PARTIAL DENTURE BILATERAL 7 TO 10 TEETH TEETH SETTING (UPPER)-14,15,16,24,25,26,27	896.03	0.00	7,940.03
08/04/2022	IN	SA2200010680	1009891		RATANDEEP c. CoCr CAST PARTIAL DENTURE BILATERAL 7 TO 10 TEETH ACRYLISING (UPPER)-14,15,16,24,25,26,27	896.03	0.00	8,836.06
12/04/2022	RC		6007747	Bank Transfer		0.00	7,044.00	1,792.06
05/05/2022	RC		6013168	Bank Transfer		0.00	1,792.00	0.06
13/05/2022	321		14256			0.00	0.06	0.00
04/04/2024	IN	TIKER/45006545	41006504		MUKESH BHAI DENTCARE NOVA PD B/L 4-6 TEETH (FRAMEWORK)-24,25,26,27	7,489.00	0.00	7,489.00
12/04/2024	IN	TIKER/45018556	41018453		MUKESH BHAI DENTCARE NOVA PLUS PD B/L 4-6 TEETH (TEETH SETTING)-24,25,26,27 , DENTCARE NOVA PLUS PD B/L 4-6 TEETH (ACRYLISING)-24,25,26,27	1,489.00	0.00	8,978.00
13/04/2024	IN	TIKER/45020852	41020737		RAMILA BEN DENTCARE NOVA PD B/L 4-6 TEETH (FRAMEWORK)-15,16,17,26,27	7,489.00	0.00	16,467.00
26/04/2024	IN	TIKER/45040310	41040073		RAMILA BEN DENTCARE NOVA PD B/L 2-3 TEETH (FRAMEWORK)-15,16,26 , DENTCARE NOVA PLUS PD B/L 2-3 TEETH (TEETH SETTING)-15,16,26 , DENTCARE NOVA PLUS PD B/L 2-3 TEETH (ACRYLISING)-15,16,26	5,999.00	0.00	22,466.00
09/05/2024	RT	41020737	141001302	CD/AP1186/45020852/7489/BIJU SIR/UNIT CNG		0.00	7,489.00	14,977.00
26/05/2024	RT	41006504	141001872	CD/AP1800/45006545/7489/MARKETING ADMIN HEAD/ADRS CHANGE		0.00	7,489.00	7,488.00
26/05/2024	RT	41018453	141001871	CD/AP1798/45018556/1489/MARKETING HEAD/ADRS CHANGE		0.00	1,489.00	5,999.00
30/05/2024	RC		26028131	Bank Transfer		0.00	5,999.00	0.00

Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
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