



# Ledger Report

## DENTCARE DENTAL LAB PVT. LTD.

From Date : 01/01/2019 To Date : 31/08/2024  
AHD000342 - GANESHA M

							*Period Opening Bal.:	0.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
23/12/2021	IN	SA2100283922	49749		YASHANK HYRAX SCREW	11.00	0.00	11.00
28/01/2022	IN	SA2100328047	43418		SACHIN NAIR 308 HAWLEY APPLIANCE (H.A)	700.00	0.00	711.00
02/04/2022	IN	SA2200002731	1002576		ANISH HYRAX SCREW-11 , 345 HYRAX BANDED (RME)-11	3,422.00	0.00	4,133.00
02/04/2022	RC		6000072	0 Bank Transfer		0.00	711.00	3,422.00
06/05/2022	RC		6012958	Bank Transfer		0.00	3,422.00	0.00
26/05/2022	IN	SA2200076990	1076750		JAINDRA 348 QUARD HELIX/BI HELIX-11	1,176.00	0.00	1,176.00
06/06/2022	IN	SA2200092392	1092239		SHREYA 308 HAWLEY APPLIANCE (H.A)-	1,400.00	0.00	2,576.00
07/06/2022	RC		6026670	Bank Transfer		0.00	1,176.00	1,400.00
07/07/2022	RC		6039229	Bank Transfer		0.00	1,400.00	0.00
12/11/2022	IN	2211155241	7004974	P Based On Sales Orders 5265.	SANVIKA YERGUDE HAWLEY APPLIANCE (RETAINER)-11	656.00	0.00	656.00
26/11/2022	IN	2211173771	7006678	U/L Based On Sales Orders 7068.	PARTHIV RAJ VAGHELA TWIN BLOCK (FUNCTIONAL APPLIANCE)-11	1,628.00	0.00	2,284.00
22/12/2022	RC		6112144	Bank Transfer		0.00	2,284.00	0.00
02/01/2023	IN	2212225531	7011351	U/L UNIT CONFIRM Based On Sales Orders 11990.	ANKUR DENTCARE CLEAR RETAINER (RETAINER)-11,41	1,155.00	0.00	1,155.00
17/02/2023	IN	2302293531	7017437	U/L PLS CALL DR Based On Sales Orders 18500.	ANISH HAWLEY APPLIANCE (RETAINER)-11,41	1,313.00	0.00	2,468.00
28/02/2023	RC		6141383	Bank Transfer		0.00	1,150.00	1,318.00
03/03/2023	IN	2303314661	7019237	U/L Based On Sales Orders 20552.	RUHIKA TWIN BLOCK BONDED (FUNCTIONAL APPLIANCE)-21	1,575.00	0.00	2,893.00
03/03/2023	321		196892			0.00	5.00	2,888.00
20/03/2023	RC		6150983	Bank Transfer		0.00	2,880.00	8.00
29/03/2023	321		215759			0.00	8.00	0.00
03/07/2024	IN	TIKER/45144882	41146465		KABIR HYRAX BONDED (RME) (EXPANSION)-11 , HYRAX SCREW (MISCELLANEOUS)-11	3,594.00	0.00	3,594.00

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

						<b>16,630.00</b>	<b>13,036.00</b>	
--	--	--	--	--	--	------------------	------------------	--

							*Period Closing Bal.:	3,594.00
--	--	--	--	--	--	--	-----------------------	----------