



# Ledger Report

## DENTCARE DENTAL LAB PVT. LTD.

**From Date : 01/11/2024 To Date : 30/11/2024**  
**BLR000693 - BEENA HARI**

							*Period Opening Bal.:	24,266.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
02/11/2024	RC		26106058	9663372056@ybl-196137229920 Bank Transfer		0.00	23,953.00	313.00
02/11/2024	JE	847874	3280576			635.00	0.00	948.00
02/11/2024	JE	847874	3280576			0.00	635.00	313.00
07/11/2024	IN	TIKER/45344204	41352628		MADHUSUDHAN M G TEMPORARY/PROVISIONAL SELF CURE ACRYLIC CROWN/BRIDGE-16,17	357.00	0.00	670.00
08/11/2024	IN	TIKER/45345619	41354043		RAM PRASAD TEMPORARY/PROVISIONAL SELF CURE ACRYLIC CROWN/BRIDGE-26,27	357.00	0.00	1,027.00
08/11/2024	IN	TIKER/45346073	41354496		SUSHMITHA J DENTCARE NOVA PFM CROWN/BRIDGE (DIRECT DEL.)-25	1,491.00	0.00	2,518.00
11/11/2024	IN	TIKER/45348661	41357082		MR. VIJAYARAJAN DENTCARE ACRYLIC LIGHT CURE DENTURE BASE WITH BITE BLOCK ABOVE 10 TEETH-12,14,15,16,17,22,23,24,25, 26,27	423.00	0.00	2,941.00
11/11/2024	RT		141007065	NV237/TIKER/45301136/313/WORK CANCEL		0.00	313.00	2,628.00
13/11/2024	IN	TIKER/45352485	41360904		MR. VIJAYARAJAN DENTCARE ACRYLIC PLUS PD ABOVE 10 TEETH (TEETH SETTING)-12,14,15,16,17,22,23,24, 25,26,27	2,536.00	0.00	5,164.00
14/11/2024	IN	TIKER/45354524	41362945		RANJITHA ANAND DENTCARE ZIRCONIA CLASSIC PFZ-M CROWN/BRIDGE DIRECT DELIVERY-34,35	8,001.00	0.00	13,165.00
15/11/2024	IN	TIKER/45356863	41365281		MR. VIJAYA RAJAN DENTCARE ACRYLIC PLUS PD ABOVE 10 TEETH (ACRYLISING)-12,14,15,16,17,22,2 3,24,25,26,27 , DENTCARE ACRYLIC PLUS PD REPAIR PER JAW-12,14,15,16,17,22,23,24,25,26 ,27	2,282.00	0.00	15,447.00
28/11/2024	IN	TIKER/45376713	41386504		PAVAN S B DENTCARE DMLS PFM CROWN/BRIDGE (DIRECT DEL.)-26,27	3,339.00	0.00	18,786.00
30/11/2024	IN	TIKER/45379662	41389556		SHARADHA PATIL DENTCARE ACRYLIC LIGHT CURE DENTURE BASE WITH BITE BLOCK UPTO 5 TEETH-46,35,36 , DENTCARE ACRYLIC LIGHT CURE DENTURE BASE WITH BITE BLOCK 6-10 TEETH-14,16,17,23,24,25,26	484.00	0.00	19,270.00

Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
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						<b>19,905.00</b>	<b>24,901.00</b>	
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							*Period Closing Bal.:	19,270.00
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