



# Ledger Report

## DENTCARE DENTAL LAB PVT. LTD.

From Date : 01/01/2019 To Date : 23/08/2024  
BLR005713 - PRASOON S

							*Period Opening Bal.:	0.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
13/09/2022	IN	SA2200234889	1234507		ANANDa G 123b IMPLANT DMLS CROWN/BRIDGE METAL TRIAL FOR LAYERING-36	1,444.00	0.00	1,444.00
20/09/2022	IN	SA2200244170	1243786		HRISHI 110a IMPLANT DENTCARE ZIRCONIA ULTRA PLUS UP TO 6 UNIT DIRECT DELIVERY-11 ,21	8,043.00	0.00	9,487.00
20/09/2022	IN	SA2200245232	1244846		ANANDA G 123c IMPLANT DMLS CROWN/BRIDGE CERAMIC LAYERING-36	840.00	0.00	10,327.00
23/09/2022	IN	SA2200249771	1249370		ASHISH P 123a IMPLANT DMLS CROWN/BRIDGE DIRECT DELIVERY-15 ,16 ,36 , 27a. DENTCARE NOVA W/DIE-15 ,16 ,36 , 139 DENTCARE ABUTMENT(CUSTOMIZED TI MILLED)-15 ,16 ,36	18,197.00	0.00	28,524.00
30/09/2022	RT	1244846	11005462	Based On A/R Invoices 1244846.		0.00	840.00	27,684.00
10/10/2022	RT	1234507	11005726	Based On A/R Invoices 1234507.		0.00	1,444.00	26,240.00
11/10/2022	JE		1130550			0.00	18,197.00	8,043.00
19/10/2022	RC		6085722	Bank Transfer		0.00	8,043.00	0.00
03/07/2024	IN	TIKER/45145885	41147467		SURESH L C RESIN IMPLANT BITE BLOCK PER JAW-11,12,13,14,15,16,17,21,22,23 ,24,25,26,27,41,42,43,44,45,46,47, 31,32,33,34,35,36,37	823.00	0.00	823.00
24/07/2024	IN	TIKER/45179987	41182772		SURESH DENTCARE TI MILLED PRIME FRAMEWORK TO RECEIVE C&B(MALO CONCEPT) MORE THAN 10 UNITS-11,12,13,14,15,16,17,21,22, 23,24,25,26,27,41,42,43,44,45,46,4 7,31,32,33,34,35,36,37	94,490.00	0.00	95,313.00
03/08/2024	IN	TIKER/45197436	41200608		SURESH DENTCARE L C COMPOSITE GINGIVAL COMPOSITE SMALL GINGIVA (ARTIFICIAL)-11,12,13,14,15,16,17, 21,22,23,24,25,26,27,41,42,43,44,4 5,46,47,31,32,33,34,35,36,37 , DENTCARE ZIRCONIA ULTRA PLUS PFZ-CB CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-11,12,13,14,15,16,17,21,22,2 3,24,25,26,27,41,42,43,44,45,46,47 ,31,32,33,34,35,36,37	102,606.00	0.00	197,919.00
20/08/2024	RC		26069324	Bank Transfer		0.00	95,313.00	102,606.00

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