



Ledger Report

DENTCARE DENTAL LAB PVT. LTD.

From Date : 01/01/2019 To Date : 27/06/2024
BLR006285 - NEW METRO DENTAL CENTER

Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
						*Period Opening Bal.:		0.00
27/11/2023	IN	TI/35217449	31342473		MR RATNAKAR DENTCARE NOVA PFM PATRIX CROWN (ADDITIONAL CROWN) (METAL TRIAL)-41,42,43,44,45,46,47,48,31, 32,33,34,35,36 , DENTCARE NOVA PFM CROWN/BRIDGE (METAL TRIAL)-41,42,43,44,45,46,47,48,31, 32,33,34,35,36 , DENTCARE NOVA PFM PATRIX CROWN WITH DOUBLE ATTACHMENT (METAL TRIAL)-41,42,43,44,45,46,47,48,31, 32,33,34,35,36	28,018.00	0.00	28,018.00
01/12/2023	IN	TI/35224080	31349116		MR RATNAKAR DENTCARE NOVA LC COMPOSITE UNILATERAL MATRIX FOR SINGLE TOOTH REPLACEMENT-41,42,43,44,45,46,4 7,48,31,32,33,34,35,36 , DENTCARE NOVA PFM PATRIX CROWN (ADDITIONAL CROWN) (CERAMIC LAYERING)-41,42,43,44,45,46,47,4 8,31,32,33,34,35,36 , DENTCARE NOVA PFM PATRIX CROWN WITH DOUBLE ATTACHMENT (CERAMIC LAYERING)-41,42,43,44,45,46,47,4 8,31,32,33,34,35,36 , DENTCARE NOVA PFM CROWN/BRIDGE (CERAMIC LAYERING)-41,42,43,44,45,46,47,4 8,31,32,33,34,35,36 , DENTCARE NOVA PLUS UNILATERAL MATRIX FOR EACH ADDITIONAL TOOTH-41,42,43,44,45,46,47,48,31 ,32,33,34,35,36 , DENTCARE NOVA LC COMPOSITE UNILATERAL MATRIX FOR EACH ADDITIONAL TOOTH-41,42,43,44,45,46,47,48,31 ,32,33,34,35,36	23,312.00	0.00	51,330.00
29/01/2024	RC		16138008	azeezulla.mohammed@axl-402939610405 Bank Transfer		0.00	51,330.00	0.00
16/04/2024	IN	TIBAN/46200859	42200856		DR AZEEZ DENTCARE ZIRCONIA SOLID PLUS MONOLITHIC CROWN/BRIDGE UPTO 3 UNITS-45	2,096.00	0.00	2,096.00
10/05/2024	IN	TIKER/45060642	41061567		JESTINA LINGUAL ARCH SPACE MAINTAINER (SPACE MAINTAINER)-41	945.00	0.00	3,041.00
28/05/2024	RC		26026188	mohammed.8562-0@wahdfcbank-4149475 73790		0.00	2,096.00	945.00
28/05/2024	JE	801239	2845705			2,096.00	0.00	3,041.00
28/05/2024	JE	801239	2845705			0.00	2,096.00	945.00
13/06/2024	RC		26034852	mohammed.8562-0@wahdfcbank-4165188 11752		0.00	945.00	0.00

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