



# Ledger Report

## DENTCARE DENTAL LAB PVT. LTD.

From Date : 01/01/2019 To Date : 01/06/2024  
CBT000982 - HAMSALAKSHMI

							*Period Opening Bal.:	0.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
12/06/2022	IN	SA2200100725	1100555		MR. SARAVANAN 275a. VALPLAST FLEXIBLE-MONOMER FREE 4-6 TEETH SETTING(UPPER)- , 274a. VALPLAST FLEXIBLE-MONOMER FREE 2-3 TEETH SETTING(LOWER)-	3,628.99	0.00	3,628.99
25/06/2022	IN	SA2200119323	1119121		MR. SARAVANAN 275b. VALPLAST FLEXIBLE-MONOMER FREE 4-6 TEETH ACRYLISING(UPPER)- , 274b. VALPLAST FLEXIBLE-MONOMER FREE 2-3 TEETH ACRYLISING(LOWER)-	3,628.99	0.00	7,257.98
02/07/2022	RC	20819	6037507	Cash Amount Received		0.00	7,257.98	0.00
21/07/2022	IN	SA2200157864	1157593		VASANTHAMULLAI 275a. VALPLAST FLEXIBLE-MONOMER FREE 4-6 TEETH SETTING(UPPER)-15 ,16 ,24 ,25 ,26 ,27	1,831.98	0.00	1,831.98
29/07/2022	IN	SA2200170626	1170347		VASANTHAMULLAI 275b. VALPLAST FLEXIBLE-MONOMER FREE 4-6 TEETH ACRYLISING(UPPER)-15 ,16 ,24 ,25 ,26 ,27	1,831.98	0.00	3,663.96
05/08/2022	RC	34224	6050546	Cash Amount Received		0.00	3,664.00	-0.04
10/08/2022	321		59920			0.04	0.00	0.00
25/08/2022	IN	SA2200211013	1210670		MR AKSHAY KUMAR 275a. VALPLAST FLEXIBLE-MONOMER FREE 4-6 TEETH SETTING(LOWER)-31 ,32 ,36 ,41 ,42	1,832.00	0.00	1,832.00
31/08/2022	IN	SA2200218066	1217720		MR AKSHAY KUMAR 275b. VALPLAST FLEXIBLE-MONOMER FREE 4-6 TEETH ACRYLISING(LOWER)-31 ,32 ,36 ,41 ,42	1,832.00	0.00	3,664.00
26/09/2022	RC	45025	6074267	Cash Amount Received		0.00	3,664.00	0.00
15/10/2022	IN	SA2200278107	1277731		JEYA RANI 275a. VALPLAST FLEXIBLE-MONOMER FREE 4-6 TEETH SETTING(LOWER)-35 ,36 ,44 ,45 ,46 ,47	1,832.00	0.00	1,832.00
17/10/2022	IN	SA2200279654	1279272		JEYA RANI 36a.DENTCARE MAGNA W/DIE-11 ,12 ,13 ,14 ,21 ,22 ,23 ,24	9,240.00	0.00	11,072.00
22/10/2022	IN	SA2200288325	1287944		JEYA RANI 275b. VALPLAST FLEXIBLE-MONOMER FREE 4-6 TEETH ACRYLISING(LOWER)-35 ,36 ,44 ,45 ,46 ,47	1,832.00	0.00	12,904.00
04/11/2022	RC	48440	6090663	Cash Amount Received		0.00	12,904.00	0.00

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

						<b>27,489.98</b>	<b>27,489.98</b>	
--	--	--	--	--	--	------------------	------------------	--

						*Period Closing Bal.:		0.00
--	--	--	--	--	--	-----------------------	--	------