



Ledger Report

DENTCARE DENTAL LAB PVT. LTD.

From Date : 01/01/2019 To Date : 01/08/2024
CBT001099 - SHAJAHAN

							*Period Opening Bal.:	0.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
01/07/2023	RC		16041335	Bank Transfer		0.00	2,500.00	-2,500.00
03/07/2023	IN	TI/35015167	31128315		HEMALATHA DENTCARE ALIGNERS PLANNING AND DESIGNING (CLEAR ALIGNER) PER CASE-	2,500.00	0.00	0.00
11/07/2023	RC		16046214	Bank Transfer		0.00	38,240.00	-38,240.00
12/07/2023	IN	TI/35022947	31142413		HEMALATHA DENTCARE ALIGNERS PRIME 28 SPLINTS (CLEAR ALIGNER) PER PACK-	38,240.00	0.00	0.00
06/02/2024	RC		16143307	Bank Transfer		0.00	2,500.00	-2,500.00
12/02/2024	IN	TI/35327961	31454053		KARTHI DENTCARE ALIGNERS PLANNING AND DESIGNING (CLEAR ALIGNER) PER CASE-	2,500.00	0.00	0.00
12/02/2024	IN	TI/35327968	31454060		KARTHI DENTCARE ALIGNERS PRIME 28 SPLINTS PER PACK-	40,281.00	0.00	40,281.00
12/02/2024	RC		16145429	Bank Transfer		0.00	40,281.00	0.00
12/03/2024	IN	TI/35371427	31497503		GEETHA DEVI DENTCARE NOVA PFM CROWN/BRIDGE (DIRECT DEL.)-14 , TEMPORARY/PROVISIONAL CAD/CAM MILLED PMMA CROWN/BRIDGE-14	1,873.00	0.00	1,873.00
15/03/2024	IN	TI/35378168	31504243		GEETHA DEVI ORNAMENTAL GOLD FULL METAL CROWN/BRIDGE-13	13,498.00	0.00	15,371.00
16/03/2024	RC		16161755	shaju224@okaxis-444239252919 Bank Transfer		0.00	13,498.00	1,873.00
16/03/2024	RC		16161772	shaju224@okaxis-444250551356 Bank Transfer		0.00	1,873.00	0.00
27/05/2024	IN	TIKER/45086949	41087688		MEERA DENTCARE ALIGNERS PRIME 22 SPLINTS PER PACK-	33,848.00	0.00	33,848.00
27/05/2024	RC		26026045	shaju224@okaxis-414865336491 Bank Transfer		0.00	33,848.00	0.00
03/06/2024	IN	TIKER/45097771	41099441		MEERA DENTCARE ALIGNERS RETAINER PER SPLINT-	1,155.00	0.00	1,155.00
14/06/2024	IN	TIKER/45115034	41116526		JEROME FRANCIS DENTCARE ACRYLIC INJECT UPPER & LOWER CD (INJECTION & POLISHING)-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	4,685.00	0.00	5,840.00
15/07/2024	RC		26050984	Dr Paid Cash Cash Amount Received		0.00	5,840.00	0.00

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