



Ledger Report

DENTCARE DENTAL LAB PVT. LTD.

From Date : 01/01/2019 To Date : 01/10/2024
 CHN001214 - JAMES BHAGAT

							*Period Opening Bal.:	0.00	
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType		Debit	Credit	Balance
07/03/2022	IN	SA2100377237	19752		MRS. MARY 287c. ACRYLIC RPD SINGLE TOOTH DIRECT DELIVERY		2,744.00	0.00	2,744.00
30/04/2022	IN	SA2200040110	1039941		MARY 287c. ACRYLIC RPD SINGLE TOOTH DIRECT DELIVERY-21		1,064.00	0.00	3,808.00
06/05/2022	IN	SA2200049982	1049836		RONY 288c. ACRYLIC RPD 2-3 TEETH DIRECT DELIVERY (LOWER)-45,46,47		1,680.00	0.00	5,488.00
07/05/2022	JE		809500				0.00	5,488.00	0.00
25/05/2023	IN	TI/35001650	31068769		MRS JOY DENTCARE ACRYLIC LIGHT CURE DENTURE BASE WITH BITE BLOCK ABOVE 10 TEETH-11,12,14,15,16,17,21,22,23, 24,25,27		368.00	0.00	368.00
01/06/2023	IN	SA2300074851	31078832		MRS JOY 291a. ACRYLIC RPD ABOVE 10 TEETH SETTING (UPPER)-11 ,12 ,14 ,15 ,16 ,17 ,21 ,22 ,23 ,24 ,25 ,26 ,27		1,691.00	0.00	2,059.00
07/06/2023	IN	SA2300081695	31087952		MRS.JOY 291b. ACRYLIC RPD ABOVE 10 TEETH ACRYLISING (UPPER)-11 ,12 ,14 ,15 ,16 ,17 ,21 ,22 ,23 ,24 ,25 ,26 ,27		1,691.00	0.00	3,750.00
17/06/2023	IN	SA2300094406	31102904		R RAJA YASHWANTH 288c. ACRYLIC RPD 2-3 TEETH DIRECT DELIVERY (UPPER)-22 ,23		1,575.00	0.00	5,325.00
19/06/2023	RC		16035871	Bank Transfer			0.00	5,325.00	0.00
14/07/2023	IN	TI/35025404	31146145		MR BAHARUL DENTCARE FLEX SEMI-RIGID PD 4-6 TEETH (DIRECT DEL.)-41,42,31,32		5,237.00	0.00	5,237.00
27/07/2023	RC		16053113	Cash Amount Received			0.00	5,237.00	0.00
12/09/2024	IN	TIKER/45260788	41265522		SUSEELA HAYNES DENTCARE ACRYLIC PLUS PD 4-6 TEETH (TEETH SETTING)-41,42,45,46,31,32,36 , DENTCARE ACRYLIC PLUS PD 7-10 TEETH (TEETH SETTING)-41,42,45,46,31,32,36		3,749.00	0.00	3,749.00
20/09/2024	IN	TIKER/45271639	41277251		SUSEELA HAYNES DENTCARE ACRYLIC PLUS PD 4-6 TEETH (ACRYLISING)-41,42,31,32 , DENTCARE ACRYLIC PLUS PD 7-10 TEETH (ACRYLISING)-41,42,31,32		2,499.00	0.00	6,248.00
24/09/2024	RC		26086223	prasannayogesh1@okaxis-463412993741 Bank Transfer			0.00	6,248.00	0.00

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