



Ledger Report

DENTCARE DENTAL LAB PVT. LTD.

From Date : 01/01/2019 To Date : 01/10/2024
CHN004414 - DHEEPSHI M

							*Period Opening Bal.:	0.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
14/04/2023	IN	SA2300017267	31017249		KARTHIK 03a. DENTCARE ZIRCONIA ULTRA PLUS W/DIE-11	2,966.00	0.00	2,966.00
21/04/2023	IN	SA2300025323	31025312		SRIRAM 05a. DENTCARE ZIRCONIA PREMIUM PLUS CROWN/BRIDGE UP TO 6 UNIT-21 ,22	9,965.00	0.00	12,931.00
04/05/2023	RC		16015924	Bill Payment Bank Transfer		0.00	12,931.00	0.00
12/07/2023	IN	TI/35023103	31142569		KAVIYA DENTCARE ZIRCONIA PREMIUM PLUS PFZ CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-11	6,228.00	0.00	6,228.00
16/07/2023	RC		16048456	Bill Payment Bank Transfer		0.00	6,228.00	0.00
30/09/2023	IN	TI/35138349	31263244		RITWIK DENTCARE ZIRCONIA ULTRA PLUS PFZ CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-14,17	6,290.00	0.00	6,290.00
03/10/2023	RC		16085693	Bank Transfer		0.00	6,290.00	0.00
11/01/2024	IN	TI/35281051	31405567		SATHIYAMOORTHY DENTCARE ZIRCONIA CLASSIC PFZ CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-11,12,13,14,15,16,21,22,23,24,25,26 , DENTCARE ZIRCONIA GINGIVAL CERAMIC SMALL GINGIVA (ARTIFICIAL)-11,12,13,14,15,16,21, 22,23,24,25,26	48,038.00	0.00	48,038.00
31/01/2024	IN	TI/35308909	31435007		MOHAN DENTCARE ZIRCONIA ULTRA PLUS PFZ CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-41,42,43,31,32,33 , DENTCARE ZIRCONIA GINGIVAL CERAMIC SMALL GINGIVA (ARTIFICIAL)-41,42,43,31,32,33	22,636.00	0.00	70,674.00
02/02/2024	RC		16141470	Bank Transfer		0.00	48,038.00	22,636.00
05/02/2024	RC		16142489	Bank Transfer		0.00	22,636.00	0.00
15/02/2024	RT		131010276	Scheme generated creditnote		0.00	3,846.00	-3,846.00
05/03/2024	IN	TI/35361988	31488057		ANAND DENTCARE ZIRCONIA CLASSIC PFZ CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-12	3,846.00	0.00	0.00
10/04/2024	IN	TIKER/45015155	41015065		SNEHA V DENTCARE ZIRCONIA PREMIUM PLUS PFZ CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-11	6,229.00	0.00	6,229.00
13/05/2024	RC		26020197	Bank Transfer		0.00	6,229.00	0.00

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