



Ledger Report

DENTCARE DENTAL LAB PVT. LTD.

From Date : 01/09/2024 To Date : 30/09/2024
CLT000653 - MUBASHIRA K

							*Period Opening Bal.:	39,166.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
03/09/2024	RC		26075902	7293763491@ybl-424703505520 Bank Transfer		0.00	39,166.00	0.00
04/09/2024	IN	TIKER/45247891	41252645		SANJAY KRISHNA DENTCARE ZIRCONIA ULTRA PLUS PFZ CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-11,12,13,21,22,23,41,42,43,3 1,32,33	37,737.00	0.00	37,737.00
09/09/2024	RC		26079070	sanjaykrishna379@okaxis-425326169899 Bank Transfer		0.00	13,000.00	24,737.00
10/09/2024	IN	TIKER/45256681	41261424		SHAMILA DENTCARE NOVA PFM CROWN/BRIDGE (DIRECT DEL.)-13,14,15	4,164.00	0.00	28,901.00
13/09/2024	RC		26081632	9037407800@ybl-425781592145 Bank Transfer		0.00	4,164.00	24,737.00
15/09/2024	RT		141005598	ZIRC-SCH-AUG 24/2/SOLID PLUS		0.00	4,192.00	20,545.00
20/09/2024	IN	TIKER/45272186	41277798		AKMAL DENTCARE ZIRCONIA ULTRA PLUS PFZ IMPLANT CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-11,12,21,22,41,31,32 , DENTCARE ZIRCONIA SOLID PLUS MONOLITHIC IMPLANT CROWN/BRIDGE UPTO 3 UNITS (DIRECT DEL.)-11,12,21,22,41,31,32 , DENTCARE ZIRCONIA GINGIVAL CERAMIC SMALL IMPLANT GINGIVA (ARTIFICIAL)-11,12,21,22,41,31,32	39,209.00	0.00	59,754.00
22/09/2024	IN	TIKER/45273698	41279309		MUBASHIRA DENTCARE ZIRCONIA SOLID PLUS MONOLITHIC CROWN/BRIDGE-23,24,25,36,37 , DENTCARE COCR UCLA ABUTMENT CASTING PER UNIT-23,24,25,36,37 , DENTCARE ZIRCONIA SOLID PLUS MONOLITHIC IMPLANT CROWN/BRIDGE UPTO 3 UNITS (DIRECT DEL.)-23,24,25,36,37	22,026.00	0.00	81,780.00
25/09/2024	RC		26086426	mubhashirap2@okaxis-426967212605 Bank Transfer		0.00	22,026.00	59,754.00
25/09/2024	RC		26086439	Cash Amount Received		0.00	25,000.00	34,754.00
25/09/2024	RC		26086440	Cash Amount Received		0.00	14,200.00	20,554.00
25/09/2024	IN	TIKER/45279597	41285200		ALI ARSHED DENTCARE ZIRCONIA SOLID PLUS MONOLITHIC CROWN/BRIDGE-24,25,26,27,34,35 ,36	14,671.00	0.00	35,225.00
26/09/2024	321		1251229			0.00	9.00	35,216.00

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