



Ledger Report

DENTCARE DENTAL LAB PVT. LTD.

From Date : 04/05/2023 To Date : 16/04/2024
CNR000181 - ROBY P CHERIAN

							*Period Opening Bal.:	0.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
06/07/2023	IN	SA2300115501	31132402		MIDHU JOHNY DENTCARE ZIRCONIA ULTRA PLUS PFZ CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-21	3,145.00	0.00	3,145.00
11/07/2023	IN	SA2300118814	31139705		AP THOMAS DENTCARE ZIRCONIA SOLID PLUS MONOLITHIC CROWN/BRIDGE UPTO 3 UNITS-35 ,36	4,192.00	0.00	7,337.00
12/07/2023	RC		16046881	Bank Transfer		0.00	3,145.00	4,192.00
18/07/2023	RC		16049641	Bank Transfer		0.00	4,192.00	0.00
02/08/2023	IN	TI/35052038	31176368		RUBY P ABRAHAM DENTCARE ZIRCONIA SOLID PLUS MONOLITHIC CROWN/BRIDGE UPTO 3 UNITS-14,15,16	6,287.00	0.00	6,287.00
09/08/2023	IN	TI/35062153	31186768		BONEY PHILIP DENTCARE DMLS PFM CROWN/BRIDGE (DIRECT DEL.)-36	1,568.00	0.00	7,855.00
11/08/2023	RC		16061432	Bank Transfer		0.00	7,855.00	0.00
14/08/2023	RC		16062421	Bank Transfer		0.00	2,500.00	-2,500.00
17/08/2023	IN	TI/35073652	31198351		LAYA ABRAHAM DENTCARE ALIGNERS PLANNING AND DESIGNING (CLEAR ALIGNER) PER CASE-	2,500.00	0.00	0.00
19/08/2023	IN	TI/35078264	31202915		LAYA ABRAHAM DENTCARE ALIGNERS RETAINER (CLEAR ALIGNER) PER SPLINT-	578.00	0.00	578.00
19/08/2023	IN	TI/35078268	31202919		LAYA ABRAHAM DENTCARE ALIGNERS SMILE 9-14 SPLINTS (CLEAR ALIGNER) PER PACK-	19,495.00	0.00	20,073.00
28/08/2023	RC		16068263	Bank Transfer		0.00	20,073.00	0.00
29/08/2023	IN	TI/35091425	31216164		HARSHA H KUMAR FULL ANATOMY WITH TOOTH COLORED WAX MOCK UP-11,13,21,23	1,247.00	0.00	1,247.00
08/09/2023	RC		16073646	Bank Transfer		0.00	1,247.00	0.00
12/09/2023	IN	TI/35110487	31235337		HARSHA H KUMAR DENTCARE DMLS PFM CROWN/BRIDGE (METAL TRIAL)-11,12,21,22	3,646.00	0.00	3,646.00
21/09/2023	IN	TI/35124718	31249595		HARSHA H KUMAR DENTCARE DMLS PFM CROWN/BRIDGE (CERAMIC LAYERING)-11,12,21,22	2,625.00	0.00	6,271.00
07/10/2023	RC		16087699	Bank Transfer		0.00	6,271.00	0.00

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