



Ledger Report

DENTCARE DENTAL LAB PVT. LTD.

From Date : 01/11/2024 To Date : 20/12/2024
DND000023 - VIJAY PRAKASH

							*Period Opening Bal.:	36.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
07/11/2024	IN	TIKER/45343055	41351422		RAMAWATI DEVI DENTCARE ACRYLIC PLUS PD 4-6 TEETH (DIRECT DEL.)-41,42,46,31,32,36	2,573.00	0.00	2,609.00
08/11/2024	IN	TIKER/45344682	41353106		SAKIL AHMAD DENTCARE ACRYLIC PLUS PD 4-6 TEETH (DIRECT DEL.)-11,12,13,21,22,23	2,573.00	0.00	5,182.00
12/11/2024	IN	TIKER/45350795	41359215		DAIZY FUNCTIONAL OCCLUSAL SPLINT ACRYLIC (TMJ SPLINT)-11	1,985.00	0.00	7,167.00
28/11/2024	IN	TIKER/45376056	41385787		RITA SINHA DENTCARE FLEX SEMI-RIGID PD SINGLE TOOTH (DIRECT DEL.)-16 , DENTCARE FLEX SEMI-RIGID PD 2-3 TEETH (DIRECT DEL.)-35,36	6,537.00	0.00	13,704.00
28/11/2024	IN	TIKOL/47001706	42902399		SONISNEHI ZIRSMILE ZIRCONIA SMILE PLUS PFZ-CB CROWN/BRIDGE UPTO 6 UNITS ANT. (DIRECT DEL.)-21,22,23	7,529.00	0.00	21,233.00
29/11/2024	321		1300109			0.00	36.00	21,197.00
29/11/2024	IN	TIKER/45377760	41387572		MEENA DEVI DENTCARE ACRYLIC PLUS PD 4-6 TEETH (TEETH SETTING)-41,42,43,31,32	1,544.00	0.00	22,741.00
02/12/2024	RC		26121013	9708522271@ptyes-433712861413 Bank Transfer		0.00	22,741.00	0.00
02/12/2024	JE	856046	3376906			7,529.00	0.00	7,529.00
02/12/2024	JE	856046	3376906			0.00	7,529.00	0.00
03/12/2024	IN	TIKER/45383422	41393471		MEENA DEVI DENTCARE ACRYLIC PLUS PD 4-6 TEETH (ACRYLISING)-41,42,43,31,32	1,029.00	0.00	1,029.00
16/12/2024	IN	TIKER/45402952	41414050		DIPIKA THAKUR DENTCARE FLEX SEMI-RIGID PD 2-3 TEETH (DIRECT DEL.)-35,36	3,925.00	0.00	4,954.00
17/12/2024	IN	TIKER/45405597	41416848		ABUL ANSARI DENTCARE ACRYLIC PLUS CD PER JAW (TEETH SETTING)-41,42,43,44,45,46,47,31, 32,33,34,35,36,37 , DENTCARE ACRYLIC PLUS PD 4-6 TEETH (TEETH SETTING)-13,15,16,26,27	2,800.00	0.00	7,754.00
19/12/2024	IN	TIKER/45408723	41420133		RITA SINHA DENTCARE FLEX SEMI-RIGID PD 2-3 TEETH (DIRECT DEL.)-35,36	3,925.00	0.00	11,679.00
19/12/2024	RT		141008196	CD/DC326/45376056/6537/SALY MAM/PARTIAL WORK CANCEL		0.00	6,537.00	5,142.00

Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
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							*Period Closing Bal.:	5,142.00
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