



# Ledger Report

## DENTCARE DENTAL LAB PVT. LTD.

**From Date : 01/11/2023 To Date : 31/12/2023**  
**GWT000181 - DENTAL & IMPLANT JUNCTION**

| Trans. Date | DocType | Trans. No    | DocNo     | Remarks                         | Patient Name / WorkType  | Debit                 | Credit           | Balance   |
|-------------|---------|--------------|-----------|---------------------------------|--|-----------------------|------------------|-----------|
|             |         |              |           |                                 |  | *Period Opening Bal.: |                  | 10,137.00 |
| 02/11/2023  | IN      | SA2300125203 | 31307644  |                                 | NIRUPAMA BARUAH<br>DENTCARE NOVA GINGIVAL<br>CERAMIC SMALL IMPLANT GINGIVA<br>(ARTIFICIAL)-11 ,12 ,13 ,21<br>,22 ,23 , CONVENTIONAL<br>ABUTMENT CUSTOMIZATION<br>CHARGE PER UNIT-11 , DENTCARE<br>NOVA PFM IMPLANT<br>CROWN/BRIDGE (DIRECT DEL.)-11<br>,12 ,13 ,14 ,15 ,16 ,21 ,22<br>,23 ,24 ,26  | 30,251.00             | 0.00             | 40,388.00 |
| 02/11/2023  | RT      | 31250719     | 131006990 | Based On A/R Invoices 31250719. |  | 0.00                  | 31,843.00        | 8,545.00  |
| 16/11/2023  | IN      | TI/35203305  | 31328324  |                                 | HEMENDRA BARMAN<br>L C RESIN IMPLANT BITE BLOCK<br>PER<br>JAW-11,12,13,14,15,16,17,21,22,23<br>,24,25,26,27,41,42,43,44,45,46,47,<br>31,32,33,34,35,36,37  | 823.00                | 0.00             | 9,368.00  |
| 13/12/2023  | IN      | TI/35239091  | 31364139  |                                 | MUNINDRA MEDHI<br>L C RESIN IMPLANT BITE BLOCK<br>UPTO 5 TEETH-13  | 206.00                | 0.00             | 9,574.00  |
| 26/12/2023  | IN      | TI/35257751  | 31382777  |                                 | MUNINDRA MEDHI<br>DENTCARE DMLS PFM IMPLANT<br>CROWN/BRIDGE (DIRECT<br>DEL.)-13,14,15,16,17  | 12,563.00             | 0.00             | 22,137.00 |
| 28/12/2023  | IN      | TI/35260975  | 31386003  |                                 | HEMENDRA BARMAN<br>DENTCARE ACRYLIC PLUS IMPLANT<br>OVERDENTURE PER JAW (DIRECT<br>DEL.)-11,12,13,14,15,16,17,21,22,2<br>3,24,25,26,27,41,42,43,44,45,46,47<br>,31,32,33,34,35,36,37 , METAL<br>HOUSING PER<br>UNIT-11,12,13,14,15,16,17,21,22,2<br>3,24,25,26,27,41,42,43,44,45,46,47<br>,31,32,33,34,35,36,37 , BALL<br>ATTACHMENT PRECISION<br>ATTACHMENT PER<br>UNIT-11,12,13,14,15,16,17,21,22,2<br>3,24,25,26,27,41,42,43,44,45,46,47<br>,31,32,33,34,35,36,37 | 29,274.00             | 0.00             | 51,411.00 |
|             |         |              |           |                                 |  | <b>73,117.00</b>      | <b>31,843.00</b> |           |
|             |         |              |           |                                 |  | *Period Closing Bal.: |                  | 51,411.00 |