



Ledger Report

DENTCARE DENTAL LAB PVT. LTD.

From Date : 01/01/2019 To Date : 20/08/2024
HYD003436 - PRAVEEN KURAPATI

							*Period Opening Bal.:	0.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
13/04/2024	IN	TIKER/45019957	41019846		RAMANJANAYA DENTCARE ZIRCONIA SOLID PLUS MONOLITHIC IMPLANT CROWN/BRIDGE UPTO 3 UNITS (DIRECT DEL.)-47 , NOBEL BIOCARE ACTIVE RP SNAPPY ABUTMENT 36682 (STOCK IMPLANT COMPONENT) PER UNIT-47	7,426.00	0.00	7,426.00
20/04/2024	IN	TIKER/45030801	41030613		MURALIDHAR REDDY ADIN RP NON ENGAGING CASTABLE ABUTMENT RS5020 (STOCK IMPLANT COMPONENT) PER UNIT-46,47,36,37 , DENTCARE DMLS PFM IMPLANT CROWN/BRIDGE (METAL TRIAL)-46,47,36,37	11,962.00	0.00	19,388.00
02/05/2024	IN	TIKER/45047639	41047367		MURALIDHAR REDDY DENTCARE DMLS PFM IMPLANT CROWN/BRIDGE (CERAMIC LAYERING)-46,47,36,37	3,045.00	0.00	22,433.00
17/05/2024	RC		26022064	k.praveenkumar13-3@okhdfcbank-4138458 87783		0.00	19,388.00	3,045.00
03/06/2024	IN	TIKER/45097751	41099421		VENKATARAJU DENTCARE NOVA PFM PATRIX CROWN WITH SINGLE ATTACHMENT (DIRECT DEL.)-25 , DENTCARE NOVA PFM PATRIX CROWN (ADDITIONAL CROWN) (DIRECT DEL.)-25	8,569.00	0.00	11,614.00
10/06/2024	IN	TIKER/45107903	41109476		VENKATARAJU DENTCARE NOVA PLUS UNILATERAL MATRIX FOR SINGLE TOOTH REPLACEMENT-27 , DENTCARE NOVA PLUS UNILATERAL MATRIX FOR EACH ADDITIONAL TOOTH-27	2,996.00	0.00	14,610.00
20/06/2024	RC		26040396	Bank Transfer		0.00	14,610.00	0.00
05/07/2024	IN	TIKER/45148208	41149788		SRI SOMA DENTCARE DMLS PFM CROWN/BRIDGE (DIRECT DEL.)-25,26,27	4,703.00	0.00	4,703.00
15/07/2024	IN	TIKER/45163684	41165242		P S REDDY DENTCARE DMLS FULL METAL CROWN/BRIDGE-38 , DENTCARE DMLS PFM CROWN/BRIDGE (DIRECT DEL.)-38	4,159.00	0.00	8,862.00
24/07/2024	IN	TIKER/45179216	41182003		SHARADHA LAKSHMI DENTCARE DMLS PFM CROWN/BRIDGE (DIRECT DEL.)-25,26,27	4,703.00	0.00	13,565.00
25/07/2024	IN	TIKER/45180615	41183400		GUNDI SHANKAR DENTCARE DMLS PFM CROWN/BRIDGE (DIRECT DEL.)-45,46,47	4,703.00	0.00	18,268.00

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