



Ledger Report

DENTCARE DENTAL LAB PVT. LTD.

From Date : 01/06/2024 To Date : 24/09/2024
ITY000269 - RINTO ANTONY THOMAS

Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
						*Period Opening Bal.:		9,623.00
05/06/2024	IN	TIKER/45100701	41102342		DOMANIC DENTCARE ACRYLIC PLUS UPPER & LOWER CD (ACRYLISING)-11,12,13,14,15,16,1 7,21,22,23,24,25,26,27,41,42,43,44 45,46,47,31,32,33,34,35,36,37	2,473.00	0.00	12,096.00
09/07/2024	RC		26047948	Bank Transfer		0.00	5,559.00	6,537.00
11/07/2024	IN	TIKER/45157718	41159281		OMANA DENTCARE ACRYLIC LIGHT CURE SPECIAL TRAY PER JAW-11	387.00	0.00	6,924.00
20/07/2024	IN	TIKER/45173931	41175475		DEVI DENTCARE NOVA PD B/L 4-6 TEETH (FRAMEWORK)-16,17,26,27,44,46,4 7,34,36 , DENTCARE NOVA PLUS PD B/L 4-6 TEETH (TEETH SETTING)-16,17,26,27,44,46,47,34, 36	16,168.00	0.00	23,092.00
22/07/2024	IN	TIKER/45174688	41176232		OMANA DENTCARE ACRYLIC LIGHT CURE DENTURE BASE WITH BITE BLOCK 6-10 TEETH-11,12,13,14,15,21,22,23,24	278.00	0.00	23,370.00
25/07/2024	IN	TIKER/45181054	41183837		DEVI DENTCARE NOVA PLUS PD B/L 4-6 TEETH (ACRYLISING)-16,17,26,27,44,46,4 7,34,36	1,787.00	0.00	25,157.00
26/07/2024	IN	TIKER/45183542	41186503		OMANA DENTCARE ACRYLIC PLUS PD 4-6 TEETH (TEETH SETTING)-21 , DENTCARE ACRYLIC PLUS PD 7-10 TEETH (TEETH SETTING)-21	3,749.00	0.00	28,906.00
31/07/2024	IN	TIKER/45191509	41194693		OMANA DENTCARE ACRYLIC PLUS PD 7-10 TEETH (DIRECT DEL.)-11,12,13,14,15,16,21,22,23,2 4 , DENTCARE FLEX SEMI-RIGID PD 4-6 TEETH (DIRECT DEL.)-11,12,13,14,15,16,21,22,23,2 4	8,912.00	0.00	37,818.00
01/08/2024	RC		26059076	Bank Transfer		0.00	4,064.00	33,754.00
04/08/2024	RC		26061019	Bank Transfer		0.00	2,473.00	31,281.00
06/08/2024	IN	TIKER/45200191	41203350		SIJI SIBICHAN DENTCARE DMLS PFM CROWN/BRIDGE (DIRECT DEL.)-36	1,568.00	0.00	32,849.00
08/08/2024	RT	41186503	141004027	CD/AG6/45183542/3749/BP SIR/WT CNG A/T		0.00	3,749.00	29,100.00
31/08/2024	IN	TIKER/45241786	41246338		SUDHA M Y SOFT NIGHT GUARD 1.5 mm (MOUTH GUARD)-11	693.00	0.00	29,793.00

Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
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							*Period Closing Bal.:	29,793.00
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