



# Ledger Report

## DENTCARE DENTAL LAB PVT. LTD.

From Date : 01/01/2019 To Date : 24/08/2024  
JMK000153 - AJAY GUPTA

							*Period Opening Bal.:	0.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
22/08/2022	IN	SA2200205274	1204949		A G 14 IPS E.MAX PRESS VENEER LAYERING-11 ,12 ,21 ,22	11,550.00	0.00	11,550.00
30/09/2022	RC		6075245	Cash Amount Received		0.00	11,550.00	0.00
23/12/2022	IN	SA2200368612	1369082		AJAY GUPTA 14 IPS EMAX PRESS CROWN LAYERING-36	2,888.00	0.00	2,888.00
09/02/2023	RC		6133589	Bank Transfer		0.00	2,000.00	888.00
09/02/2023	RC		6133590	Bank Transfer		0.00	888.00	0.00
21/02/2023	IN	DEL/22-23/15299	5015405		SATISH PARIHAR DENTCARE ZIRCONIA CLASSIC PFZ CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-35 , DENTCARE ZIRCONIA CLASSIC PFZ CROWN/BRIDGE ABOVE 6 UNITS (DIRECT DEL.)-44,43,42,41,31,32,33,34	36,666.00	0.00	36,666.00
22/03/2023	RC		6152213	Bank Transfer		0.00	36,666.00	0.00
24/03/2023	JE		1508418			0.00	36,666.00	-36,666.00
24/03/2023	JE		1508418			36,666.00	0.00	0.00
29/11/2023	IN	TI/35220637	31345666		KAVYA BISHI DENTCARE CLEAR RETAINER (1.5-2.0 MM) (RETAINER)-11,41	1,271.00	0.00	1,271.00
04/12/2023	RC		16113716	Bank Transfer		0.00	1,271.00	0.00
11/01/2024	IN	TI/35281149	31405665		MANISH JANDIYAL DENTCARE ZIRCONIA ULTRA PLUS PFZ CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-21,22	6,290.00	0.00	6,290.00
24/01/2024	RC		16136290	7006241064.ibz@icici-402478922293 Bank Transfer		0.00	6,290.00	0.00
11/03/2024	IN	TIDEL/32703456	32619942		RITVIK BHAGAT DENTCARE ZIRCONIA CLASSIC PFZ CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-11	3,846.00	0.00	3,846.00
18/03/2024	RC		16162911	7006241064.ibz@icici-407883784504 Bank Transfer		0.00	3,846.00	0.00
18/03/2024	JE	730330	2558840			0.00	3,846.00	-3,846.00
18/03/2024	JE	730330	2558840			3,846.00	0.00	0.00
13/07/2024	IN	TIKER/45162252	41163809		DR HEENA FULL ANATOMY WITH TOOTH COLORED WAX MOCK UP-23,24	624.00	0.00	624.00
15/08/2024	IN	TIKER/45216884	41220021		DR HEENA SAINI IPS EMAX PRESS LAYERING VENEER-23	3,321.00	0.00	3,945.00

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

						<b>106,968.00</b>	<b>103,023.00</b>	
--	--	--	--	--	--	-------------------	-------------------	--

							*Period Closing Bal.:	3,945.00
--	--	--	--	--	--	--	-----------------------	----------