



Ledger Report

DENTCARE DENTAL LAB PVT. LTD.

From Date : 02/06/2024 To Date : 02/08/2024
KDY000046 - PARVATHY RAJ

							*Period Opening Bal.:	8,329.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
04/06/2024	IN	TIKER/45099051	41100714		SHYNI DENTCARE NOVA FULL METAL CROWN/BRIDGE-16	730.00	0.00	9,059.00
04/06/2024	IN	TIKER/45099226	41100887		JOSEPH DENTCARE NOVA PFM CROWN/BRIDGE (DIRECT DEL.)-48	1,388.00	0.00	10,447.00
06/06/2024	IN	TIKER/45102225	41103848		BINESH DENTCARE ALIGNERS RETAINER PER SPLINT-	1,155.00	0.00	11,602.00
06/06/2024	IN	TIKER/45102228	41103851		BINESH DENTCARE ALIGNERS ELEGANT 15-20 SPLINTS PER PACK-	30,870.00	0.00	42,472.00
10/06/2024	RC		26033581	Bank Transfer		0.00	2,608.00	39,864.00
10/06/2024	JE		2916004			2,608.00	0.00	42,472.00
12/06/2024	IN	TIKER/45112009	41113533		RAJESWARI DENTCARE FLEX SEMI-RIGID PD TOOTH ADD-ON PER SINGLE TOOTH-23	2,415.00	0.00	44,887.00
12/06/2024	RC		26034317	Bank Transfer		0.00	42,472.00	2,415.00
15/06/2024	IN	TIKER/45117098	41118558		RUKMINI DENTCARE FLEX SEMI-RIGID CD RELIN PER JAW-11,12,13,14,15,16,17,21,22,23 ,24,25,26,27	2,415.00	0.00	4,830.00
18/06/2024	IN	TIKER/45120693	41122532		MARIYAMMA DENTCARE ACRYLIC PLUS CD RELIN PER JAW-41,42,43,44,45,46,47,31,32,33 ,34,35,36,37	788.00	0.00	5,618.00
22/06/2024	IN	TIKER/45128280	41130120		ABDUL MAJEED DENTCARE ACRYLIC INJECT CD RELIN PER JAW-11,12,13,14,15,16,17,21,22,23 ,24,25,26,27,41,42,43,44,45,46,47, 31,32,33,34,35,36,37	4,175.00	0.00	9,793.00
03/07/2024	IN	TIKER/45145694	41147276		JIBY DENTCARE DMLS PFM CROWN/BRIDGE (DIRECT DEL.)-16,17	3,135.00	0.00	12,928.00
09/07/2024	RT	41130120	141003038	CD/AP3078/45128280/4175/DAYAL SIR/REPEAT CASE		0.00	4,175.00	8,753.00
13/07/2024	IN	TIKER/45162680	41164236		MOLLY DENTCARE NOVA PFM CROWN/BRIDGE (DIRECT DEL.)-45	1,388.00	0.00	10,141.00
21/07/2024	RC		26053414	Bank Transfer		0.00	10,141.00	0.00
29/07/2024	IN	TIKER/45187810	41190761		SREEJITH DENTCARE DMLS PFM CROWN/BRIDGE (DIRECT DEL.)-26	1,568.00	0.00	1,568.00

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