



# Ledger Report

## DENTCARE DENTAL LAB PVT. LTD.

From Date : 01/01/2019 To Date : 08/08/2024  
KLB000165 - RAHUL RAJ

							*Period Opening Bal.:	0.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
29/05/2022	IN	SA2200081149	1080972		LALITA 27b. DENTCARE NOVA W/DIE METAL TRIAL FOR LAYERING-34,35,36	2,184.00	0.00	2,184.00
14/06/2022	IN	SA2200103806	1103622		LALITA 27c. DENTCARE NOVA W/DIE CERAMIC LAYERING-	1,966.00	0.00	4,150.00
08/07/2022	RC	16119	6044553	Cash Amount Received		0.00	4,150.00	0.00
30/07/2022	IN	SA2200172018	1171738		ANIL KUMAR 09 LAVA ESSENTIAL-21	2,783.00	0.00	2,783.00
31/07/2022	IN	SA2200172999	1172716		HARISH 27a. DENTCARE NOVA W/DIE-38	1,297.00	0.00	4,080.00
04/08/2022	RC	32209	6050968	Cash Amount Received		0.00	4,000.00	80.00
08/08/2022	321		58984			0.00	80.00	0.00
09/08/2022	IN	SA2200186748	1186449		NAGAPPA GOLA 265a. DENTCARE FLEX SEMI RIGID-MONOMER FREE 4-6 TEETH SETTING (LOWER)-36 ,37 ,46 ,47 , 264a. DENTCARE FLEX SEMI RIGID-MONOMER FREE 2-3 TEETH SETTING (UPPER)-36 ,37 ,46 ,47	3,665.00	0.00	3,665.00
09/08/2022	IN	SA2200187584	1187284		SHIVAKUMAR SOMA 09 LAVA ESSENTIAL-15	2,783.00	0.00	6,448.00
19/08/2022	RC	32214	6058189	Cash Amount Received		0.00	2,283.00	4,165.00
24/08/2022	IN	SA2200207862	1207527		NAGAPPA GOLA 265b. DENTCARE FLEX SEMI RIGID-MONOMER FREE 4-6 TEETH ACRYLISING (LOWER)-36 ,37 ,46 ,47 , 264b. DENTCARE FLEX SEMI RIGID-MONOMER FREE 2-3 TEETH ACRYLISING(UPPER)-36 ,37 ,46 ,47	3,665.00	0.00	7,830.00
30/09/2022	RC	36955	6075636	Cash Amount Received		0.00	7,330.00	500.00
25/10/2022	IN	SA2200290167	1289785		PRASANNA KUMAR 02 DENTCARE ZIRCONIA BRUXCARE-15 ,16	5,376.00	0.00	5,876.00
15/11/2022	RC	49215	6096003	Cash Amount Received		0.00	5,376.00	500.00
04/01/2023	IN	SA2200383766	1384237		JAISHREE MUDDA DENTCARE ZIRCONIA BRUXCARE INLAY-46 , 02 DENTCARE ZIRCONIA BRUXCARE-36 ,37	8,064.00	0.00	8,564.00
10/01/2023	RC		6119841	Bank Transfer		0.00	8,064.00	500.00
03/07/2023	JE		1973961			0.00	500.00	0.00

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

						<b>31,783.00</b>	<b>31,783.00</b>	
--	--	--	--	--	--	------------------	------------------	--

						*Period Closing Bal.:		0.00
--	--	--	--	--	--	-----------------------	--	------