



# Ledger Report

## DENTCARE DENTAL LAB PVT. LTD.

From Date : 01/01/2019 To Date : 10/10/2024  
KOT000007 - ANKIT GALAV

							*Period Opening Bal.:	0.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
31/07/2024	IN	TIKER/45191869	41195053		SHYAM SINGH DENTCARE FLEX SEMI-RIGID UPPER & LOWER CD (TEETH SETTING)-11,12,13,14,15,16,17,21, 22,23,24,25,26,27,41,42,43,44,45,4 6,47,31,32,33,34,35,36,37	3,623.00	0.00	3,623.00
07/08/2024	IN	TIKER/45202136	41205289		SHYAM SINGH DENTCARE FLEX SEMI-RIGID 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	5,880.00	0.00	9,503.00
28/08/2024	IN	TIKER/45236123	41240562		SAVITRI J I DENTCARE NOVA PFM PATRIX CROWN WITH SINGLE ATTACHMENT (METAL TRIAL)-41,42,43,44,31,32,33 , DENTCARE NOVA PFM PATRIX CROWN (ADDITIONAL CROWN) (METAL TRIAL)-41,42,43,44,31,32,33	15,396.00	0.00	24,899.00
04/09/2024	IN	TIKER/45247334	41252090		SAVITRI J I DENTCARE NOVA PFM PATRIX CROWN WITH SINGLE ATTACHMENT (CERAMIC LAYERING)-41,42,43,44,31,32,33 , DENTCARE NOVA PFM PATRIX CROWN (ADDITIONAL CROWN) (CERAMIC LAYERING)-41,42,43,44,31,32,33	5,906.00	0.00	30,805.00
04/09/2024	IN	TIKER/45248539	41253293		SAVITRI J I DENTCARE NOVA PLUS UNILATERAL MATRIX FOR SINGLE TOOTH REPLACEMENT-46 , DENTCARE NOVA LC COMPOSITE UNILATERAL MATRIX FOR SINGLE TOOTH REPLACEMENT (DIRECT DEL.)-46 , DENTCARE NOVA LC COMPOSITE UNILATERAL MATRIX FOR EACH ADDITIONAL TOOTH COMPOSITE LAYERING-46	5,861.00	0.00	36,666.00
11/09/2024	RC		26080121	drsnehakataria-1@okaxis-462177480179 Bank Transfer		0.00	15,396.00	21,270.00
14/09/2024	IN	TIDEL/46009931	42011889		VISHWAJEET DENTCARE ZIRCONIA SOLID PLUS MONOLITHIC CROWN/BRIDGE-26	2,096.00	0.00	23,366.00
23/09/2024	IN	TIDEL/46010391	42012441		VISHWAJEET DENTCARE ZIRCONIA SOLID PLUS MONOLITHIC CROWN/BRIDGE-47	2,096.00	0.00	25,462.00
30/09/2024	RC		26089497	ankzz99@ybl-427400491942 Bank Transfer		0.00	13,126.00	12,336.00
30/09/2024	JE	838243	3186049			3,623.00	0.00	15,959.00
30/09/2024	JE	838243	3186049			0.00	3,623.00	12,336.00

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

						<b>44,481.00</b>	<b>32,145.00</b>	
--	--	--	--	--	--	------------------	------------------	--

						*Period Closing Bal.:		12,336.00
--	--	--	--	--	--	-----------------------	--	-----------