



Ledger Report

DENTCARE DENTAL LAB PVT. LTD.

From Date : 07/09/2024 To Date : 07/11/2024
KRL000046 - RAJINI KANTH M

							*Period Opening Bal.:	9,945.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
09/09/2024	IN	TIKER/45255455	41260199		MAMATHA DENTCARE DMLS PFM CROWN/BRIDGE (DIRECT DEL.)-14	1,568.00	0.00	11,513.00
10/09/2024	RC		26079884	Cash Amount Received		0.00	10,000.00	1,513.00
10/09/2024	JE	212758	3131616			5,241.00	0.00	6,754.00
10/09/2024	JE	212758	3131616			0.00	5,241.00	1,513.00
10/09/2024	IN	TIKER/45257849	41262588		P.SANKARAI AH SETTY DENTCARE DMLS PFM CROWN/BRIDGE (DIRECT DEL.)-45,46,47	4,703.00	0.00	6,216.00
14/09/2024	IN	TIHYD/46406977	42406977	DISC-90/RS200/IVOCLAR TEETH USED FOR DENTCARE FLEX.	ALIVEL MANGA DENTCARE FLEX SEMI-RIGID CD PER JAW (TEETH SETTING)-11,12,13,14,15,16,17,21,22,23,24,25,26,27 , IVOCLAR VIVADENT IVOSTAR/GNATHOSTAR TEETH SET PER JAW-11,12,13,14,15,16,17,21,22,23,24,25,26,27	3,932.00	0.00	10,148.00
25/09/2024	IN	TIKER/45279130	41284734		CHANDANA DENTCARE DMLS PFM CROWN/BRIDGE (DIRECT DEL.)-15,16	3,135.00	0.00	13,283.00
02/10/2024	IN	TIKER/45290671	41296259		ALIVEL MANGA DENTCARE FLEX SEMI-RIGID CD PER JAW (ACRYLISING)-11,12,13,14,15,16,17,21,22,23,24,25,26,27	2,513.00	0.00	15,796.00
15/10/2024	RC		26100469	Cash Amount Received		0.00	13,300.00	2,496.00
15/10/2024	JE	220019	3246811			3,932.00	0.00	6,428.00
15/10/2024	JE	220019	3246811			0.00	3,932.00	2,496.00
16/10/2024	IN	TIKER/45311770	41318976		VENKAT REDDY DENTCARE DMLS PFM CROWN/BRIDGE (METAL TRIAL)-34,35,36,37,38	4,557.00	0.00	7,053.00
18/10/2024	IN	TIHYD/46408146	42408285		TOUSIF DENTCARE ZIRCONIA ULTRA PLUS PFZ CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-21	3,276.00	0.00	10,329.00
21/10/2024	IN	TIKER/45319002	41326437		VENKAT REDDY DENTCARE DMLS PFM CROWN/BRIDGE (CERAMIC LAYERING)-34,35,36,37,38	3,497.00	0.00	13,826.00
04/11/2024	IN	TIKER/45339126	41347338		SOMALAXMI DAVAMMA DENTCARE FLEX SEMI-RIGID PD 7-10 TEETH (DIRECT DEL.)-14,15,16,17,25,26,27	6,536.00	0.00	20,362.00

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