



Ledger Report

DENTCARE DENTAL LAB PVT. LTD.

From Date : 01/01/2019 To Date : 25/07/2024
KSD000075 - JAHANAZ HAMSAR

							*Period Opening Bal.:	0.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
20/03/2022	IN	SA2100396910	11320		SANIL 27a. DENTCARE NOVA W/DIE	4,150.00	0.00	4,150.00
22/04/2022	RC	1621	6006192	396910 Cash Amount Received		0.00	4,150.00	0.00
24/12/2022	IN	SA2200369782	1370253		SAMEERA 27a. DENTCARE NOVA W/DIE-31 ,41 ,42 ,43	5,187.00	0.00	5,187.00
27/01/2023	RC		6130611	Bank Transfer		0.00	5,187.00	0.00
02/02/2023	IN	SA2200425269	1425705		SUBHASH 27b. DENTCARE NOVA W/DIE METAL TRIAL FOR LAYERING-31 ,41 ,42	2,048.00	0.00	2,048.00
07/02/2023	IN	SA2200430645	1431074		SUBHASH 66a. DENTCARE NOVA GINGIVA SMALL-41 , 27c. DENTCARE NOVA W/DIE CERAMIC LAYERING-31 ,41 ,42	2,210.00	0.00	4,258.00
24/02/2023	IN	SA2200454394	1454789		SAKEENA 27a. DENTCARE NOVA W/DIE-11	1,297.00	0.00	5,555.00
18/03/2023	IN	SA2200485927	1486291		BUSHRA 27b. DENTCARE NOVA W/DIE METAL TRIAL FOR LAYERING-23 ,24 ,25	2,048.00	0.00	7,603.00
22/03/2023	RC		6152216	Bank Transfer		0.00	5,555.00	2,048.00
24/03/2023	IN	SA2200493669	1494016		BUSHRA 27c. DENTCARE NOVA W/DIE CERAMIC LAYERING-23 ,24 ,25	1,843.00	0.00	3,891.00
27/05/2023	RC		16024992	Bank Transfer		0.00	3,891.00	0.00
04/06/2023	IN	SA2300078421	31083256		RIYAN 27a. DENTCARE NOVA W/DIE-21	1,297.00	0.00	1,297.00
10/06/2023	IN	SA2300085085	31092157		HASAINAR 27b. DENTCARE NOVA W/DIE METAL TRIAL FOR LAYERING-11 ,21 ,22	2,048.00	0.00	3,345.00
16/06/2023	IN	SA2300092424	31101597		HASAINAR 27c. DENTCARE NOVA W/DIE CERAMIC LAYERING-11 ,21 ,22	1,843.00	0.00	5,188.00
28/06/2023	IN	TI/35013051	31120827		THASNI DENTCARE NOVA PFM CROWN/BRIDGE (DIRECT DEL.)-11,12	2,594.00	0.00	7,782.00
08/09/2023	RC		16073664	Bank Transfer		0.00	7,782.00	0.00
23/02/2024	IN	TI/35345563	31471629		JASEERA DENTCARE ZIRCONIA ULTRA PLUS PFZ CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-11,21	6,290.00	0.00	6,290.00
08/05/2024	RC		26017800	Cash Amount Received		0.00	6,290.00	0.00

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