



Ledger Report

DENTCARE DENTAL LAB PVT. LTD.

From Date : 01/12/2023 To Date : 29/08/2024
MRT000202 - ISHITA SINGH

							*Period Opening Bal.:	0.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
02/12/2023	IN	TI/35224433	31349472		ANSH DENTCARE DMLS PFM CROWN/BRIDGE (DIRECT DEL.)-16	1,568.00	0.00	1,568.00
02/12/2023	IN	TI/35224827	31349866		ANJANI SHARMA DENTCARE DMLS PFM CROWN/BRIDGE (DIRECT DEL.)-26	1,568.00	0.00	3,136.00
18/12/2023	IN	TI/35246628	31371671		SEJAL DENTCARE ZIRCONIA ULTRA PLUS PFZ CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-11,21	6,290.00	0.00	9,426.00
18/01/2024	IN	TI/35290783	31416881		DHRAMPAL DENTCARE NOVA PFM CROWN/BRIDGE (METAL TRIAL)-11,12,13,14,15,16,17,21,22, 23,24,25,26,27	10,246.00	0.00	19,672.00
27/01/2024	IN	TI/35303629	31429719		DHRAMPAL DENTCARE NOVA GINGIVAL CERAMIC SMALL GINGIVA (ARTIFICIAL)-11,12,13,14,15,16,17, 21,22,23,24,25,26,27 , DENTCARE NOVA PFM CROWN/BRIDGE (CERAMIC LAYERING)-11,12,13,14,15,16,17,2 1,22,23,24,25,26,27	11,682.00	0.00	31,354.00
12/02/2024	IN	TI/35326866	31452959		REKHA RANI DENTCARE NOVA PFM CROWN/BRIDGE (METAL TRIAL)-11,12,13,14,15,21,22,23,24, 25,26,46,47	9,514.00	0.00	40,868.00
20/02/2024	IN	TI/35341046	31467118		SANDEEP GUPTA DENTCARE DMLS PFM CROWN/BRIDGE (DIRECT DEL.)-36,37	3,135.00	0.00	44,003.00
22/02/2024	IN	TI/35344662	31470728		REKHA RANI DENTCARE NOVA PFM CROWN/BRIDGE (CERAMIC LAYERING)-11,12,13,14,15,21,22,2 3,24,25,26,46,47 , DENTCARE NOVA GINGIVAL CERAMIC SMALL GINGIVA (ARTIFICIAL)-11,12,13,14,15,21,22, 23,24,25,26,46,47	10,194.00	0.00	54,197.00
13/05/2024	RC		26020547	Bank Transfer		0.00	15,000.00	39,197.00
14/05/2024	JE		2818851			0.00	10,000.00	29,197.00
16/05/2024	IN	TIDEL/46002767	42003206		YOGESH RATHI DENTCARE ZIRCONIA CLASSIC PFZ CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-11,12,21	11,538.00	0.00	40,735.00
20/05/2024	IN	TIKER/45076168	41076981		NEELAM DENTCARE NOVA PFM CROWN/BRIDGE (DIRECT DEL.)-46	1,388.00	0.00	42,123.00
26/08/2024	RC		26073014	Bank Transfer		0.00	15,000.00	27,123.00

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