



Ledger Report

DENTCARE DENTAL LAB PVT. LTD.

From Date : 01/01/2019 To Date : 07/06/2024
MUM003669 - POOJA SHAH

							*Period Opening Bal.:	0.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
29/03/2022	IN	SA2100409840	224		KAMAL GIRE 125b IMPLANT DENTCARE NOVA CROWN/BRIDGE METAL TRIAL FOR LAYERING	34,776.00	0.00	34,776.00
02/04/2022	IN	SA2200003111	1002926		KAMAL GIRE 66a. DENTCARE NOVA GINGIVA SMALL-11,12,13,21,22,23 , 125c IMPLANT DENTCARE NOVA CROWN/BRIDGE CERAMIC LAYERING-11,12,13,14,16,21,22,23 ,24,25,26,31,32,33,34,35,36,41,42, 43,44,45,46	22,960.00	0.00	57,736.00
23/04/2022	RC		6006809	Bank Transfer		0.00	57,736.00	0.00
01/06/2022	IN	SA2200084735	1084593		GEETA MUNI 232a. CoCr CAST PARTIAL DENTURE BILATERAL 7 TO 10 TEETH FRAME WORK ONLY (UPPER)-13,14,15,16,17,24,25,26	6,714.04	0.00	6,714.04
05/07/2022	IN	SA2200134401	1134174		RAMESH GANDHI 27a. DENTCARE NOVA W/DIE-	4,150.00	0.00	10,864.04
15/07/2022	IN	SA2200148928	1148679		KARUNA LULLA 27a. DENTCARE NOVA W/DIE-	1,383.00	0.00	12,247.04
15/07/2022	RC		6042581	Bank Transfer		0.00	6,714.00	5,533.04
20/07/2022	321		49138			0.00	0.04	5,533.00
11/08/2022	IN	SA2200189733	1189436		GEETHA MUNI 232b. CoCr CAST PARTIAL DENTURE BILATERAL 7 TO 10 TEETH TEETH SETTING (UPPER)-13 ,14 ,15 ,16 ,17 ,24 ,25 ,26	840.00	0.00	6,373.00
03/09/2022	IN	SA2200223055	1222712		RAMESH 27a. DENTCARE NOVA W/DIE-17	1,297.00	0.00	7,670.00
21/09/2022	IN	SA2200247109	1246714		GEETHA MUNI c. CoCr CAST PARTIAL DENTURE BILATERAL 7 TO 10 TEETH ACRYLISING (UPPER)-13 ,14 ,15 ,16 ,17 ,24 ,25 ,26	840.00	0.00	8,510.00
29/09/2022	RC		6074824	Bank Transfer		0.00	6,373.00	2,137.00
22/11/2022	RC		6098441	Bank Transfer		0.00	8,070.00	-5,933.00
23/11/2022	JE		1220723			5,933.00	0.00	0.00
27/12/2022	RC		6113614	Bank Transfer		0.00	4,116.00	-4,116.00
29/12/2022	JE		1305255			4,116.00	0.00	0.00
27/05/2024	IN	TIMUM/46800791	42800796		MONA VORA DENTCARE ZIRCONIA SOLID PLUS MONOLITHIC CROWN/BRIDGE UPTO 3 UNITS-45	2,096.00	0.00	2,096.00

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