



Ledger Report

DENTCARE DENTAL LAB PVT. LTD.

From Date : 01/01/2019 To Date : 07/06/2024
MYS000630 - SOUMEE SENGUPTA

							*Period Opening Bal.:	0.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
18/03/2022	IN	SA2100394905	638		RASHMI 04a. DENTCARE ZIRCONIA CLASSIC CROWN/BRIDGE UP TO 6 UNIT	21,168.00	0.00	21,168.00
19/03/2022	IN	SA2100395360	18149		PREETHAM 32c. DENTCARE NOVA MARYLAND BRIDGE FULL METAL WING	2,794.00	0.00	23,962.00
06/04/2022	IN	SA2200007717	1007176		MEENAKSHI 27a. DENTCARE NOVA FACING W/DIE-25,26 , 29 DENTCARE NOVA FULL METAL W/DIE-27	3,326.00	0.00	27,288.00
07/04/2022	IN	SA2200008428	1007826		CHANDRASHEKHAR 27a. DENTCARE NOVA FACING W/DIE-13,22,23	4,150.00	0.00	31,438.00
18/04/2022	RC		6004423	Bank Transfer		0.00	4,150.00	27,288.00
18/04/2022	RC		6004425	Bank Transfer		0.00	3,326.00	23,962.00
19/04/2022	RC		6004865	Bank Transfer		0.00	2,794.00	21,168.00
05/05/2022	IN	SA2200047380	1047222		SATYASHREE 125a IMPLANT DENTCARE NOVA CROWN/BRIDGE DIRECT DELIVERY-46	2,408.00	0.00	23,576.00
07/05/2022	RC		6013461	Bank Transfer		0.00	2,408.00	21,168.00
11/05/2022	RC		6015107	Bank Transfer		0.00	21,168.00	0.00
17/05/2022	IN	SA2200063734	1063570		KANAKRAJ 287c. ACRYLIC RPD SINGLE TOOTH DIRECT DELIVERY-46	1,036.00	0.00	1,036.00
18/05/2022	IN	SA2200065698	1065525		MADHUSUDAN 125a IMPLANT DENTCARE NOVA CROWN/BRIDGE DIRECT DELIVERY-45	2,408.00	0.00	3,444.00
19/05/2022	IN	SA2200066788	1066604		ABDUL KHALIK a. CoCr CAST PARTIAL DENTURE BILATERAL 4 TO 6 TEETH FRAME WORK ONLY (LOWER)-34,35,36,37	6,317.00	0.00	9,761.00
19/05/2022	IN	SA2200067600	1067419		SIDDESH 125a IMPLANT DENTCARE NOVA CROWN/BRIDGE DIRECT DELIVERY-11	2,408.00	0.00	12,169.00
23/05/2022	RC	17398	6020819	Cash Amount Received		0.00	5,360.00	6,809.00
24/05/2022	RC		6020439	Bank Transfer		0.00	492.00	6,317.00
25/05/2022	IN	SA2200075421	1076074		UMA 29 DENTCARE NOVA FULL METAL W/DIE-46	560.00	0.00	6,877.00
26/05/2022	RC	19741	6022404	Cash Amount Received		0.00	6,317.00	560.00
03/06/2022	RC	19752	6025589	Cash Amount Received		0.00	560.00	0.00

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