



# Ledger Report

## DENTCARE DENTAL LAB PVT. LTD.

From Date : 01/06/2023 To Date : 17/06/2024

NGL000398 - LITTLE DENT PEDIATRIC&MULTISPECIALITY DENTAL CLINIC

							*Period Opening Bal.:	2,667.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
01/06/2023	IN	TI/35003804	31078505		ANUTHISHA HAWLEY APPLIANCE (RETAINER)-11	656.00	0.00	3,323.00
05/06/2023	RC		16029275	Bank Transfer		0.00	3,323.00	0.00
05/06/2023	IN	TI/35005134	31084691		ASHLIN HAWLEY APPLIANCE (RETAINER)-21	656.00	0.00	656.00
21/06/2023	IN	TI/35010624	31109871		HARSHINI HAWLEY APPLIANCE WITH ANTERIOR BITE PLANE (RETAINER)-21	677.00	0.00	1,333.00
27/06/2023	IN	TI/35012646	31119171		REVELIN SONY HAWLEY APPLIANCE (RETAINER)-21,31	1,313.00	0.00	2,646.00
30/06/2023	RC		16040658	Bank Transfer		0.00	2,646.00	0.00
05/07/2023	IN	TI/35016269	31131872		J U HAVATHARIM HAWLEY APPLIANCE (RETAINER)-11	689.00	0.00	689.00
02/08/2023	RC		16057034	Bank Transfer		0.00	689.00	0.00
09/08/2023	IN	TI/35062577	31187192		PAVITHRA HAWLEY APPLIANCE (RETAINER)-11,41	1,378.00	0.00	1,378.00
01/09/2023	RC		16069801	Bank Transfer		0.00	1,378.00	0.00
04/09/2023	IN	TI/35100012	31224836		J S SHANA RIACIN STANDARD BAND (MISCELLANEOUS)-21 , TONGUE THRUSTING APPLIANCE FIXED (HABIT BREAKING)-21	1,734.00	0.00	1,734.00
18/09/2023	IN	TI/35119398	31244256		GOBAL RAJA DENTCARE ACRYLIC LIGHT CURE DENTURE BASE WITH BITE BLOCK 6-10 TEETH-14,15,16,17,25,26,27,45,46, 47,35,36,37	557.00	0.00	2,291.00
22/09/2023	IN	TI/35127080	31251943		GOBAL RAJA DENTCARE FLEX SEMI-RIGID PD 4-6 TEETH (TEETH SETTING)-45,46,47,35,36,37 , DENTCARE FLEX SEMI-RIGID PD 7-10 TEETH (TEETH SETTING)-45,46,47,35,36,37	4,709.00	0.00	7,000.00
02/10/2023	RC		16084411	Bank Transfer		0.00	7,000.00	0.00
07/10/2023	IN	TI/35148410	31273302		JONA MAXILLARY PROTRACTION SPLINT (FUNCTIONAL APPLIANCE)-11	756.00	0.00	756.00
07/10/2023	IN	TI/35147726	31272620		SRI VARSHAN HAWLEY APPLIANCE (RETAINER)-11,41	1,378.00	0.00	2,134.00
30/10/2023	RC		16098493	Bank Transfer		0.00	2,134.00	0.00

Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
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						*Period Closing Bal.:		0.00
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