



# Ledger Report

## DENTCARE DENTAL LAB PVT. LTD.

From Date : 01/05/2024 To Date : 15/06/2024  
PTA000031 - THAJI VISHAK

							*Period Opening Bal.:	1,444.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
06/05/2024	RC		26016977	Cash Amount Received		0.00	1,400.00	44.00
08/05/2024	IN	TIKER/45056869	41057817		SHEEJA DENTCARE MAGNA PFM CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-24	1,363.00	0.00	1,407.00
14/05/2024	RC		26020771	Cash Amount Received		0.00	1,400.00	7.00
19/05/2024	IN	TIKER/45074517	41075339		AJITHA DENTCARE DMLS PFM CROWN/BRIDGE (DIRECT DEL.)-36,37	3,135.00	0.00	3,142.00
23/05/2024	IN	TIKER/45080665	41081446		KIRAN DENTCARE MAGNA FULL METAL CROWN/BRIDGE UPTO 6 UNITS-33,34,35,36 , DENTCARE MAGNA PFM CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-33,34,35,36	6,166.00	0.00	9,308.00
23/05/2024	IN	TIKER/45080892	41081672		SALEENA DENTCARE MAGNA PFM CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-13,14,15,16,17	6,815.00	0.00	16,123.00
27/05/2024	RC		26026228	Cash Amount Received		0.00	9,301.00	6,822.00
01/06/2024	RC		26029097	Cash Amount Received		0.00	6,815.00	7.00
05/06/2024	IN	TIKER/45100268	41101911		SREEJA DENTCARE ZIRCONIA SOLID PLUS MONOLITHIC CROWN/BRIDGE UPTO 3 UNITS-46	2,096.00	0.00	2,103.00
06/06/2024	IN	TIKER/45102272	41103894		SALEENA DENTCARE MAGNA PFM CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-23,24,25,26,27	6,815.00	0.00	8,918.00
08/06/2024	RC		26032844	Cash Amount Received		0.00	20,000.00	-11,082.00
11/06/2024	IN	TIKER/45110142	41111681		RINO SOFT NIGHT GUARD 1.5 mm (MOUTH GUARD)-41	693.00	0.00	-10,389.00
12/06/2024	IN	TIKER/45110791	41112325		KIRAN DENTCARE DMLS PFM CROWN/BRIDGE (DIRECT DEL.)-11,12,13,14,15,16,21,22,23,2 4,25,26,43,44,45,46	25,082.00	0.00	14,693.00
12/06/2024	IN	TIKER/45112364	41113884		RINO DENTCARE ZIRCONIA ULTRA PLUS PFZ CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-11	3,145.00	0.00	17,838.00
13/06/2024	IN	TIKER/45112594	41114115		REJEENA DENTCARE MAGNA PFM CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-11,12,21,22	5,452.00	0.00	23,290.00

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

						<b>60,762.00</b>	<b>38,916.00</b>	
--	--	--	--	--	--	------------------	------------------	--

							*Period Closing Bal.:	23,290.00
--	--	--	--	--	--	--	-----------------------	-----------