



Ledger Report

DENTCARE DENTAL LAB PVT. LTD.

From Date : 01/01/2019 To Date : 19/10/2024
SRT000495 - PIYUSH H. KALSARIYA

							*Period Opening Bal.:	0.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
30/03/2024	IN	TI/35398913	31525011		ATHRAV FIXED LIP BUMPER(HABIT BREAKING)-41 , STANDARD BAND (MISCELLANEOUS)-41	1,965.00	0.00	1,965.00
30/03/2024	IN	TI/35400117	31526213		TANMAY FIXED ANTERIOR BITE PLANE-11	1,155.00	0.00	3,120.00
10/04/2024	IN	TIKER/45015099	41015009		VILAS PIYUSH KALSARIYA DENTCARE ZIRCONIA PREMIUM PLUS MONOLITHIC CROWN/BRIDGE UPTO 6 UNITS-37	6,229.00	0.00	9,349.00
12/04/2024	IN	TIKER/45019450	41019340		KRIYANSH STANDARD BAND (MISCELLANEOUS)-11 , FIXED PEDO PARTIAL (SPACE MAINTAINER) 1-3 TEETH-11	1,860.00	0.00	11,209.00
19/04/2024	IN	TIKER/45028785	41028615		DR VILASH KALSARIYA 3D PRINTED CAST FULL ARCH-11 , FUNCTIONAL OCCLUSAL SPLINT ACRYLIC (TMJ SPLINT)-11	3,833.00	0.00	15,042.00
07/05/2024	IN	TIKER/45055139	41055680		TANMAY STANDARD BAND (MISCELLANEOUS)-11 , BUCCAL TUBE MBT 022 (MISCELLANEOUS)-11 , FIXED ANTERIOR BITE PLANE-11	2,411.00	0.00	17,453.00
07/05/2024	RC		26017221	Bank Transfer		0.00	11,922.00	5,531.00
07/05/2024	RC		26017667	Bank Transfer		0.00	3,120.00	2,411.00
08/06/2024	RC		26032249	piyush.kal007@oksbi-416032147437 Bank Transfer		0.00	2,411.00	0.00
21/06/2024	IN	TIKER/45126792	41128652		PRAHIL FIXED PEDO PARTIAL (SPACE MAINTAINER) 1-3 TEETH-11 , STANDARD BAND (MISCELLANEOUS)-11	1,594.00	0.00	1,594.00
11/07/2024	RC		26049033	piyush.kal007@oksbi-419334891457 Bank Transfer		0.00	1,594.00	0.00
12/07/2024	IN	TIMUM/46801911	42801944		DR ARCHANA RAI DENTCARE ZIRCONIA SOLID PLUS MONOLITHIC CROWN/BRIDGE UPTO 3 UNITS-27,37	4,192.00	0.00	4,192.00
15/07/2024	IN	TIKER/45163804	41165362		DR VISHWA SHETA IPS EMAX PRESS STAINING ONLAY-26	2,826.00	0.00	7,018.00
11/08/2024	RC		26065001	piyush.kal007@oksbi-422452022406 Bank Transfer		0.00	7,018.00	0.00
11/08/2024	JE	824467	3049699			4,192.00	0.00	4,192.00
11/08/2024	JE	824467	3049699			0.00	4,192.00	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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