



# Ledger Report

## DENTCARE DENTAL LAB PVT. LTD.

From Date : 01/01/2019 To Date : 15/11/2024  
TVM002362 - ARGO DENTAL CLINIC

							*Period Opening Bal.:	0.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
20/03/2024	IN	TI/35385422	31511523		BIJI MATHEW DENTCARE ZIRCONIA ULTRA PLUS PFZ-CB CROWN/BRIDGE UPTO 6 UNITS (DIRECT DEL.)-41,42,43,31,32,33	18,869.00	0.00	18,869.00
21/03/2024	IN	TI/35386715	31512818		BIJI MATHEW DENTCARE ZIRCONIA GINGIVAL CERAMIC SMALL GINGIVA (ARTIFICIAL)-41,31,32	2,826.00	0.00	21,695.00
15/04/2024	RC		26006759	Cash Amount Received		0.00	10,000.00	11,695.00
15/05/2024	RC		26020354	abha369rajagopal@okaxis-450263719505 Bank Transfer		0.00	11,695.00	0.00
07/06/2024	IN	TIKER/45103679	41105288		NIRMALA KUMARI DENTCARE ACRYLIC LIGHT CURE SPECIAL TRAY PER JAW-21	387.00	0.00	387.00
11/06/2024	IN	TIKER/45109039	41110603		NIRMALA KUMARI DENTCARE ACRYLIC LIGHT CURE DENTURE BASE WITH BITE BLOCK PER JAW-11,12,13,14,15,16,17,21,22,23 ,24,25,26,27	423.00	0.00	810.00
14/06/2024	IN	TIKER/45114567	41116073		NIRMALA KUMARI DENTCARE ACRYLIC PLUS CD PER JAW (TEETH SETTING)-11,12,13,14,15,16,17,21, 22,23,24,25,26,27	1,257.00	0.00	2,067.00
21/06/2024	IN	TIKER/45125981	41127846		NIRMALA KUMARI DENTCARE ACRYLIC PLUS CD PER JAW (ACRYLISING)-11,12,13,14,15,16,1 7,21,22,23,24,25,26,27	1,578.00	0.00	3,645.00
25/08/2024	RC		26071317	Bank Transfer		0.00	1,000.00	2,645.00
25/09/2024	RC		26086218	Bank Transfer		0.00	1,578.00	1,067.00
25/09/2024	RC		26086219	Bank Transfer		0.00	500.00	567.00
15/10/2024	RC		26096759	Bank Transfer		0.00	567.00	0.00
29/10/2024	IN	TIKER/45331045	41339011		JITHESH FUNCTIONAL OCCLUSAL SPLINT ACRYLIC (TMJ SPLINT)-41,42,43,44,45,46,47,31,3 2,33,34,35,36,37	1,985.00	0.00	1,985.00
05/11/2024	IN	TIKER/45340587	41348870		AADHYA FUNCTIONAL OCCLUSAL SPLINT DENTCARE CLEAR RETAINER (TMJ SPLINT)-41,42,43,44,45,46,47,31,3 2,33,34,35,36,37	1,985.00	0.00	3,970.00
06/11/2024	RC		26107604	jitheesh153@okaxis-431174945137 Bank Transfer		0.00	1,985.00	1,985.00

Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
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						<b>29,310.00</b>	<b>27,325.00</b>	
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						*Period Closing Bal.:		1,985.00
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