

MEDICAL EXPENSES 15-October-2023 TO 04-November-2023

S.No	Project	Date	EMPO	NAME	DESIGNATION	SITE	DESCRIPTION	TREATMENT EXPENSES	TREATMENT REMARKS
1	20003D	8/10/2023	8680	THOMAS CELESTUS	FABRICATOR	JPF	RT LEG FRACTURE SITE ACCIDENT	80	SITE ACCIDENT
2	20003D	12/10/2023	4771	SONU	HELPER	JPF	THE EMPLOYEE WAS UNDER MEDICATION FOR EPILEPSY FOR LAST SEVEN YEARS HE DISCONTINUED THE MEDICINE FOR LAST FOUR MONTHS WHICH RESULTED IN INCIDENT AT SITE. THE EMPLOYEE HIDE THE FACT THAT HE IS HAVING EPILEPSY FROM GURJ MEDICAL TEAM.	15	
3	16008D	14/10/2023	8544	ANIL KUMAR	FABRICATOR	NRP	EYE INFECTION DUE TO WELDING FUMES EXPOSURE	15	MEDICAL EXPENSES TO BE DEDUCTED FROM EMPLOYEE
4	23004D	14/10/2023	3413	GARIFAN RAMESH	RIGGER	KHPC	BREATHING DIFFICULTY	15	SITE INJURY
5	20003D	15/10/2023	8616	LAL SURESH	FITTER	JPF	MUSCLE SPASM during working. Immediately shifted to Adan hospital (FOLLOWUP)	15	
6	B14020	15/10/2023	8421	ADITHYA	RIGGER	MAB	VOMITING AND DIZZINESS during working. Immediately shifted to time (to 1800H) noticed he can't walk, so we shifted him to Adan hospital.	15	SITE ACCIDENT
7	20003D	16/10/2023	8873	PRASANGA SAMANTHA	WELDER	JPF	RT LEG FRACTURE SITE ACCIDENT	7	
8	B14020	17/10/2023	3920	BLJU BABU	DRIVER	MAB	FEVER AND BACK PAIN	15	
9	17006D	16/10/2023	8420	TAPAS	FITTER	TR.GTS	VOMITING AND DIZZINESS	15	
10	20003D	17/10/2023	8610	AJITH KUMAR PATHALL SURENDRAN	FOREMAN	JPF	(RT)LEG SWELLING (INJURY SITE INJURY)	15	SITE ACCIDENT
11	20003D	18/10/2023	8680	THOMAS CELESTUS	FABRICATOR	JPF	RT LEG FRACTURE SITE ACCIDENT (FOLLOWUP)	15	
12	20003D	18/10/2023	8633	NOOR ALAM	HELPER	JPF	EYE INFECTION DUE TO WELDING FUMES EXPOSURE	15	
13	20003D	19/10/2023	8616	AJI CHELAPPAN	SCAFFOLDER	HUNDAI	MUSCLE SPASM during working. Immediately shifted to Adan hospital	15	
14	B14020	19/10/2023	8457	JITENDRA VARMA	FABRICATOR	MAB	SKIN ALLERGY	30	SITE INJURY
15	20003D	20/10/2023	8861	SHAHUL HAMEED	HELPER	JPF	MUSCLE SPASM during working. Immediately shifted to Adan hospital	15	SITE ACCIDENT
16	20003D	22/10/2023	8673	PRASANGA SAMANTHA	WELDER	JPF	RT LEG FRACTURE SITE ACCIDENT (FOLLOWUP)	30.43	
17	20003D	24/10/2023	8518	SAMIR DAS	HELPER	JPF	VOMITING AND FEVER	15	MEDICAL EXPENSES TO BE DEDUCTED FROM EMPLOYEE
18	20003D	24/10/2023	2468	BHARAT PASHMAN	HELPER	JPF	HEAD PAIN	80	MEDICAL EXPENSES TO BE DEDUCTED FROM EMPLOYEE
19	20003D	26/10/2023	8616	KALJA SITHA	HELPER	JPF	BREATHING DIFFICULTY	10	
20	20003D	26/10/2023	8403	DHAS GEORGE	FABRICATOR	JPF	LT HAND FRACTURE AND HEAD INJURY SITE ACCIDENT	25	SITE ACCIDENT
21	20003D	30/10/2023	8731	RABI BEHEDA	WELDER	JPF	BLOOD INVESTIGATION	15	
22	20003D	1/11/2023	2001	NELLAYYA	RIGGER	JPF	EYE INFECTION DUE TO WELDING FUMES EXPOSURE	15	SITE INJURY
23	20003D	2/11/2023	8578	SUJITH KUMAR	WELDER	JPF	RT LEG INJURY(SITE INJURY)	10	
							HEAD INJURY SITE ACCIDENT	10	SITE ACCIDENT
							WHEEL CHAIR	10	
							TAXI FARE	15	
							Total Amount	739.43	

*[Handwritten signature]*

ID-8680  
15167



وزارة الصحة  
MINISTRY OF HEALTH

Presenting Symptoms :

03:03 مساءً : 08-10-2023 الوقت

مستشفى العدان / استقبال الطوارئ

مكان  
لصق  
الطابع

Physical Signs : التاريخ :

273053016624 : الرقم المدني

THOMAS CELEETUS CELEETU

سم :  
لمريض



M سنة 50 : الهند الجنسية  
الجنس : العمر

تليفون : +965 96626255

لعنوان : القطعة 0 -

X-Ray Data :

رقم الزيارة : 14538417



تاسديد  
tasdeed

10 دينار



9163416589033296 procedure :

REFERENCE:

1

Implementation Purposes Only

Date: / / 20

Doctor's Name & Stamp

Signature

7540 HA 0011513 نموذج مشاهدة الطوارئ

Rev. Date: (11/2021)

CASUALTY SHEET



وزارة الصحة  
MINISTRY OF HEALTH

مكان  
لصق  
الطابع

Presenting Symptoms :

صباحاً 10:58

Physical Signs :

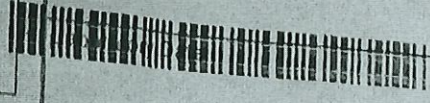
التاريخ :

استقبال الطوارئ / ADAN Hospital

الرقم المدني : 295010152877

SONU YADAV RAMNATH

اسم :  
لمريض



الجنس :  
العمر : 28 سنة M

الهند  
جنسية

تليفون : +965 50265531

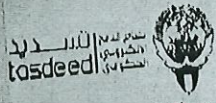
العنوان : القطعة 0 -

X-Ray Data :

رقم الزيارة : 14542792

Diagnosis :

Treatment Given :



10 ديبار



12/10/2023 05:45

مستشفى العدان  
9101023476801585

REFERENCE:  
0

Implementation Purpose

Date: / / 20

Doctor's Name & Stamp

Signature

نموذج مشاهدة الطوارئ 7540 HA000 1304

Rev. Date: (04/18)

CASUALTY SHEET

MR 3



Presenting Symptoms :

IEC. HAIT  
MINISTRY OF HEALTH  
CENTRE OF CLINICAL RADIOLOGY



2950 6 15 28.77

وزارة الصحة  
قسم الأشعة الإشعاعية

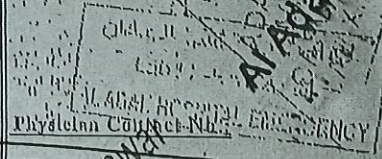
1st NAME :	Family Name:	2nd	1st
	SOMU		
HOSP.		WARD / Bed.	

RELATED CLINICAL DATA.

headache  
dizziness  
- fainting attack, LOC  
- CT 8k -> skull Hg

File No.	
D.O.Birth.	
SEX.	M <input checked="" type="checkbox"/> F <input type="checkbox"/>
NATIONALITY.	
History of allergy.	Yes <input type="checkbox"/> No <input type="checkbox"/> Type: _____
L.M.P.	

DR. STAMP & SIGNATURE



REQUESTED EXAM.:

Radiologist approval:

Dr. Khurshid Anwar  
General Physician

Dr. Khurshid Anwar  
General Physician

Rev. Date (05 / 2012)

9101023476801585

REFERENCE:  
0

Implementation Purpose

Date: / / 20

Doctor's Name & Stamp

Signature

Rev. Date: (04/18)

7540 HA000 1304 نموذج مشاهدة الطوارئ

MR 3



وزارة الصحة  
MINISTRY OF HEALTH

Presenting Symptoms :

Physical Signs :

مكان  
لصق  
الطابع

مساءً 06:43

مستشفى العدان / استقبال الطوارئ

Laboratory Data : التاريخ :

الرقم المدني : 285120306153

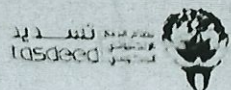
ناريش موحايا سونتا

اسم :  
المرضى

X-Ray Data :



37 سنة :  
M :  
الجنس :  
العمر :  
الجنسية :  
نبيال



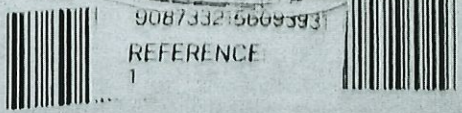
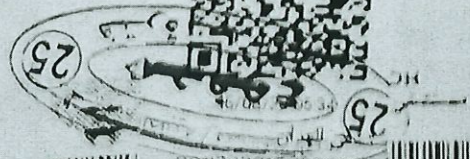
10 دينار

تليفون :

العنوان : أبو حليفة - القطعة 2

رقم الهاتف : 14437040

Given :



9087332156693931

REFERENCE  
1

ADAN Hospital / ADAN Hospital  
Visiting Slip / الزيارة

Stick Stamp here

285120306153

Doctor's Name & Stamp

Signature

Rev. Date: (11/2021)

10-3413

8.250KD



# مركز شفاء الجزيرة الطبي - الفحاحيل

## SHIFA AL JAZEERA MEDICAL CENTRE - FAHAHEEL

Mecca Street -  
Tel: 23 91 90 20

near Roundabout - Life Tower  
Hotline: 65 95 95 34

شارع مكة - بجانب الدوار - برج الحياة - الفحاحيل  
هاتف: ٢٣٩١٩٠٢٠ - الخط الساخن: ٦٥٩٥٩٥٣٤ - E: info@fh.shifaaljazeera.com.kw - www.shifaaljazeera.com.kw

**Garifan Ramesh**

SAJ/18/021986 43 Years

Govt ID : 279122509578

Mobile :

DOB : 25/12/79 | Male | India

SBC General Trading & Contracting  
SBC General Trading & Contracting Co. W.L.L (3413)

**CREDIT INVOICE**

Date : 14-Oct-2023

SAJ-SI-2310-774884

**Dr Dhiviya M MBBS,MD**

البيان

سعر الوحدة  
Unit Price

Qty

الكمية

Gross

السعر

Discount

الخصم

Net

الصافي

INJ0016

Inj. Hydrocortizone 100mg

GSV0025

Nebulizer

5.500

1.000

5.500

1.375

4.125

5.500

1.000

5.500

1.375

4.125

G-10

**Paid & Closed**

Eight Kuwait Dinars 25 Fils

Gross

السعر

11.000

Discount

الخصم

2.750

Deductible

التحمل

8.250

Total

الصافي

**8.250**

14/10/2023 11:31:36 AM/ Page 1/1  
المراجعة المجانية للمريض لنفس العيادة ونفس المشكلة خلال 10 أيام فقط لا غير ما عدا التكاليف الإضافية  
Follow up consultation for the same issue with the same doctor FREE within 10days of initial consult (except for patients under insurance coverage)  
Mrs Sowmya Susheel -ORIGINAL-

10 - 3413

1.180 kwd

Naseem Al Jazeera Pharmacy  
Life Tower , Mecca Street , Fahaheel  
Phone : 23919030 - Ext# 500

CASH SALE INVOICE  
SAJ-SI-2310-774952

File # :SAJ/18/021986  
Patient :Garifan Ramesh  
Time :14/10/2023 12:03:02 PM  
Staff :Mohammed Ali K  
Company :

Product	Price	Qty	Amount
MBH0004 MUCOSOLVAN SYRUP 30MG/5ML	1.180	1.000	1.180

Gross : 1.180 KWD  
Discount :  
Rounding :  
Claimed :

Net : 1.180 KWD  
Tender : 2.000 KWD

Balance : 0.820 KWD

Thank you for choosing Naseem Al Jazeera  
Return of Medicines not allowed - MOH

10-3413

L 120

مركز شفاء الجزيرة الطبي - الفحاحيل  
SHIFA AL JAZEERA MEDICAL CENTRE - FAHAHEEL

Mecca Street - Near Roundabout - Life Tower

Tel: 23 91 90 20 - HotLine: 65 95 95 34 - E: info@fh.shifaaljazeera.com.kw - www.shifaaljazeera.com.kw - ٦٥٩٥٩٥٣٤ : تلفون: ٢٣٩١٩٠٢٠ - الخط الساخن: ٦٥٩٥٩٥٣٤

## Garifan Ramesh

SAJ/18/021986 43 Years

Govt ID : 279122509578

Mobile :

DOB : 25/12/79 | Male | India

SBC General Trading &amp; Contracting

SBC General Trading &amp; Contracting Co. W.L.L (3413)

CREDIT INVOICE

Date : 14-Oct-2023

SAJ-SI-2310-774742

Dr Dhiviya M MBBS.MD



Code	رمز	Description	البيان	سعر الوحدة Unit Price	Qty	الكمية	Gross	السعر	Discount	الخصم	Net	الصافي
CSP017		Consultation (Dr.Dhiviya)		7.000	1.000		7.000		3.000		4.000	

Token

026

14-Oct-2023

28

5th Floor

Paid &amp; Closed

Four Kuwait Dinars 00 Fils

Gross	السعر	7.000
Discount	الخصم	3.000
Deductible	التحمل	4.000
Total	الصافي	4.000

14/10/2023 10:20:16 AM Page 1  
المراجعة المجانية للمريض لنفس العيادة ونفس المشكلة خلال ١٠ أيام فقط لا غير ما عدا التأجيل. Mrs Shimla Firoze -DUPLICATE-  
Follow up consultation for the same issue with the same doctor FREE within 10days of initial consult (except for patients under insurance coverage)



وزارة الصحة  
MINISTRY OF HEALTH

Presenting Symptoms :

ADAM Hospital / Emergency

Reception

11:57 صباحاً

Physical Signs : التاريخ :

الرقم المدني : 70209169

اسم المريض : سونيل جايكواد رامانثاندرا



15/10/2023 11:57

9300923471586967

REFERENCE: 10



الجنسية : الهند  
العمر : 44 سنة  
الجنس :

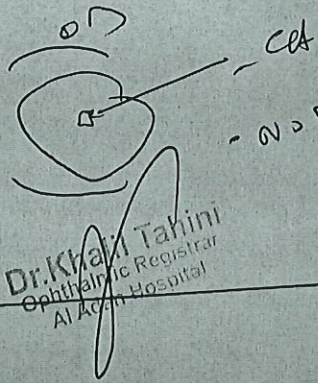
العنوان : المهيولة - القطيفة 1

رقم الزيارة : 14520257  
Data : H/O alleged izom F.B (R) eye - 20

- 40 Lacrima H3

Treatment Given :

- Optifloa BD  
1x4x7



Dr. Atif Majed Al-Kreshi  
MBBS (P.D), FCP (S&K)  
Senior Registrar Emergency  
Al-Adam Hospital Kuwait

Dr. Khalid Tahini  
Ophthalmic Registrar  
Al-Adam Hospital

Further Procedure :

Implementation Purposes Only

Date: / / 20

Doctor's Name & Stamp

Signature

Rev. Date: (04/18)

CASUALTY SHEET

MR 3



وزارة الصحة  
MINISTRY OF HEALTH

Presenting Symptoms :

صباحاً 14 11

استقبال الطوارئ / ADAN Hospital

مكان

Physical Signs : التاريخ :

لصق

الرقم المدني : 286111207094

بهايو براناب يوما

اسم :

الطابع

المريض



36 سنة M

الهند

الجنس :

العمر

الجنسية

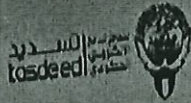
تليفون :

العنوان : المهولة - القطعة 1

X-Ray Data :

قم الريارة : 14527708

osis :



وزارة الصحة  
الكويت  
كويت

ment Given :

10 دينار



السجلات الطبية  
(1) مستطوع

15/10/2023 02:12

العنوان و مركز

9031023473 3251

Procedure :

REFERENCE:

0

Implementation Purposes Only

Date: / / 20

Doctor's Name & Stamp

Signature

MR 3

7540 HA 0011513 نموذج شهادة الطوارئ

Rev. Date: (11/2021)

CASUALTY SHEET



289021408101

1/17

PRASANTHA

Presenting Symptoms :

Physical Signs :

Laboratory Data :

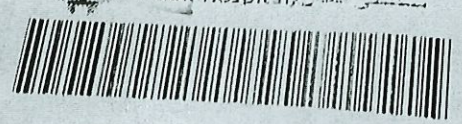
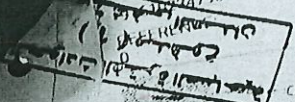
Date :



10 دينار



16/10/23 05:17  
مستشفى العبدان  
9479674978



ADAN Hospital / ADAN Hospital  
Visiting Slip / لائحة زيارات

Stick Stamp here

289021408101

16-10-2023 12:14 pm

PRASANTHA SAMANTHA ASHOK  
PRASHANTHA SAMANTHA  
ASHOK

Doctor's Name & Stamp

Signature

Rev. Date: (11/2021)

CASUALTY SHEET

MR 3

10 38 20  
7 kb

مستشفى المدينة الدولي



HG2023101755

A CARING MISSION

File Number : FAH202318516  
Patient Name : BIJU NBABU BABU  
Gender : MALE/31  
CIVIL ID : 292053103334  
Company : -N/A

Bill Date : 17/10/2023 09:42 AM  
Bill Number : HG2023101755  
Doctor Name : Fahad Farooq Tonse  
Nationality : India  
Mobile : 56548470

SI No	Service Name	Quantity	Rate	Total Amount
1	INJ. HYDRO CORTISONE - IM	1.00	4.000	4.000
2	INJ. DEPOMEDROL 40 MG	1.00	4.000	4.000
3	INJECTION PRICKING-2 INJ	1.00	2.000	2.000
Total				10.000

Discount : 0.000      Company Payable : 0.000      Net Amount : 10.000  
Paid By CARD : 10.000      Total Paid : 10.000  
Amount in words : Ten Dinar

Signature:

PRASIDA 17/10/2023 09:42:40am



FAH202318516

OP Valid For 7 Days

We accept all major health insurance cards / home collection services

Token  
F20

Fahaheel -Block 7-Street 67 - Al-Dabbous Building - II nd Floor-Tel/  
الفيحجيل -قطعة:7-شارع:67-عمارة الدبوس-الدور الثاني-هاتف 2391 5593-965 2391 5592

File Number : FAH202316540  
 Patient Name : TAPAS MONDAL JAYDEB  
 Gender : MALE/29  
 CIVIL ID : 294010509229  
 Company : -N/A

Bill Date : 16/10/2023 10:59 AM  
 Bill Number : HG20231016120  
 Doctor Name : Haseena Abdul Samad  
 Nationality : India  
 Mobile : 55980592

SI No	Service Name	Quantity	Rate	Total Amount
1	ULTRASOUND ABDOMEN AND PELVIS (WHOLE ABDOMEN)	1.00	15.000	15.000
Total				15.000
Discount	: 0.000	Company Payable	: 0.000	Net Amount
Paid By CARD	: 15.000	Total Paid	: 15.000	: 15.000
Amount in words	: Fifteen Dinar			

Signature:

GIRLYN 16/10/2023 11:00:09am



FAH202316540

OP Valid For 7 Days  
 We accept all major health insurance cards / home collection services

Fahaheel -Block 7-Street 67 - Al-Dabbous Building - II nd Floor-Tel/  
 الفحيحيل قطعة 7 شارع 67- عمارة الدبوس- الدور الثاني- هاتف 2391 5592- 965 2391 5592 ©

Token

H34



State of Karnataka / كيرلا  
ADAR Hospital / مستشفى اديار



ADAR Hospital / ADAR Hospital  
Billing No. / رقم الفاتورة

Stick stamp here

277090412776

Date: 17-10-2021 09:00 pm

Name: AJITH KUMAR SURENDRAN

Nationality: India / الهندي

Queueing No: (ORT072)

Location: Ortho II / Ortho II

Standard Waiting time for all CIAS levels

Level 1	0 min
Level 2	15 min
Level 3	30 min
Level 4	60 min
Level 5	120 min and more

Canadian Triage star card allow to classify the emergent patient according to severity of presenting problems.

2021 / 17-10-2021 / 17-10-2021

الرقم الجوال / الرقم الجوال / الرقم الجوال  
AJITH KUMAR SURENDRAN : اسم المريض

48 سنة / 48 سنة / 48 سنة  
الجنس / الجنس / الجنس  
الجنسية / الجنسية / الجنسية

رقم البراقة : 14858065

CASUALTY SHEET

MR 3

Implementation Purpos

Date: / / 20

Doctor's Name & Stamp

Signature



وزارة الصحة  
MINISTRY OF HEALTH

مكان  
العنوان  
العلاج

Presenting Symptoms :

Physical Signs :

الرقم المدني 241168241 THOMAS CELESTUS CELESTU

الجنس M

العمر 59

Ray Data :

Diagnosis :

Treatment Given :

Further Procedure :

Date: / / 20 Signature

Dr. Mustafa M. Ahmad  
Senior GP Ortho  
Adan Hospital



REFERENCE

CASUALTY SHEET

MIR 3



وزارة الصحة  
وطى الكويت سلمت للمجد  
الشؤون الهندسية منطقة الاحمدى الصحية

927

Surgical Urology Ortho Clinic 9

Waiting Customers 1  
Waiting Time 03:00

2023-10-18

14:36

Symptoms :

مستشفى العبدان / استقبال الطوارئ

مكان  
لصق  
الطابع

Physical Signs التاريخ

الرقم المدني :

اسم المريض

Laboratory Data

العنوان : المنقذ  
العمر الجنس

تليفون : +965 96626255

X-Ray Data :

رقم الزيارة : 14538417

- Foot trauma

- (L) BKES

Diagnosis :

- PXR - CPP Big

EU ortho OPD

Treatment Given :

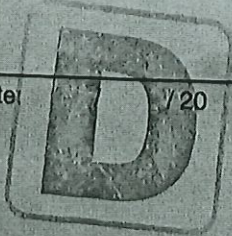
- Vancomycin tal  
1x3x10  
ASA 81 mg tal  
1x1x10  
Roxon tal  
1x2x10

Adan hospital  
Wednesday  
18/10  
2pm  
Room (9)

Further Procedure :

Implementation Purposes Only

Date: / / 20



Doctor's Name & Stamp

Signature

A. Shahian  
Ortho Registrar  
Adan Hospital

Rev. Date: (11/2021)



وزارة الصحة  
MINISTRY OF HEALTH

Presenting Symptoms :

اسم المريض / اسم المالك الطوارئ

Physical Signs

مكان  
لصق  
الطابع

الرقم المدني

اسم  
المريض

Laboratory Data



46 سنة

الجنس

العمر

الرقم

التخصص

التخصص : التخصص

رقم الزيارة :

تاريخ  
الوقت  
المرجع  
المرجع  
المرجع



10



وزارة الصحة  
MINISTRY OF HEALTH

Implementation Purposes Only

Further Procedure :

Date: / / 20

Doctor's Name & Stamp

Signature

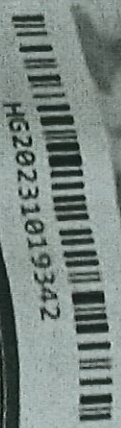


File Number : FAH202318768  
 Patient Name : JITENDRA VARMA  
 Gender : MALE/28  
 CIVIL ID : 295051404575  
 Company : -N/A

Bill Date : 19/10/2023 18:55 PM  
 Bill Number : HG20231019342  
 Doctor Name : GUEST 1 (GENERAL MEDICINE)  
 Nationality : India  
 Mobile : 60400173

SI No	Service Name	Total	Company Payable	Total Paid	Quantity	Rate	Net Amount	Total Amount
1	CONSULTATION CHARGE : GP	4,000	0,000	4,000	1.00	7,000	4,000	7,000
	Discount	3,000						
	Paid By CARD	4,000						
	Amount in words	Four Dinar						

Signature:



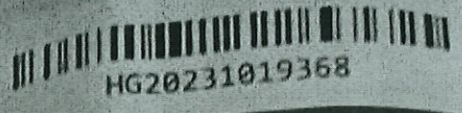
FAH202318768

OP Valid For 7 Days  
 We accept all major health insurance cards / home collection services  
 Falahel Block 7-Street 67 - AlDabbous Building - 11 nd Floor-Tall  
 ساحة الفالاح 7-شارع 67-مبنى الدبوس - طابق 11

Token GG27

10-8457

1.00



HG20231019368



A CARING MISSION

File Number : FAH202318768  
 Patient Name : JITENDRA VARMA  
 Gender : MALE/28  
 CIVIL ID : 295051404575  
 Company : -N/A

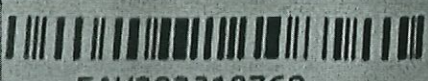
Bill Date : 19/10/2023 19:38 PM  
 Bill Number : HG20231019368  
 Doctor Name : GUEST 1 (GENERAL MEDICINE)  
 Nationality : India  
 Mobile : 60400173

Sl No	Service Name	Quantity	Rate	Total Amount
1	GRBS	1.00	1.000	1.00
Discount		: 0.000		
Paid By CASH		: 1.000		
Amount in words		: One Dinar		
Company Payable		: 0.000		
Total Paid		: 1.000		
Net Amount			: 1.000	

Signature:

*Y. J. ...*

01/10/2023 07:38:37am



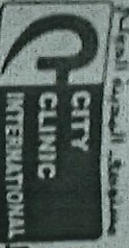
FAH202318768

OP Valid For 7 Days  
 We accept all major health insurance cards / home collection services

Fahaheel -Block 7-Street 67 - Al-Dabbous Building - II nd Floor-Tel/  
 المحيول خلفاً: 7 شارع: 67. عمارة الدبوس-الدور الثاني-مبنى 67

Token  
**GG27**

15 - 8457

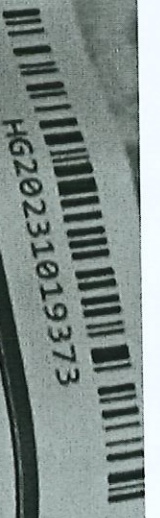


File Number : FAH202318768  
 Patient Name : JITENDRA VARMA  
 Gender : MALE/28  
 CIVIL ID : 295051404575  
 Company : -N/A

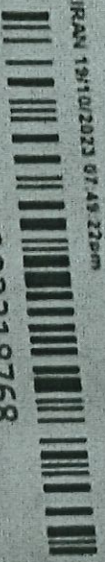
Bill Date : 19/10/2023 19:49 PM  
 Bill Number : HG20231019373  
 Doctor Name : GUEST 1 (GENERAL MEDICINE)  
 Nationality : India  
 Mobile : 60400173

SI No	Service Name	Total	Company Payable	Total Paid	Net Amount	Total Amount
1	INJ. DEPOMEDROL 40 MG		0.000			4.000
2	INJECTION PRICKING CHARGES		0.000	5.000		1.000
Discount						5.000
Paid By CARD						5.000
Amount in words						Five Dinar

Signature:



KIRAN 19/10/2023 07:49:23am



FAH202318768

Op Valid For 7 Days  
 We accept all major health insurance cards / home collection services  
 Fahahel -Block 7-Street 67 - Al-Dabbous Building - II nd Floor-Tel  
 0+965 2391 5592- T,2391 5593

Token  
**GG27**



وزارة الصحة  
MINISTRY OF HEALTH

مكان  
لصق  
الطابع

Presenting Symptoms :

Physical Signs :

Laboratory Data

X-Ray Data

DOI = 16/10/2023

Diagnosis :

Distally OK  
diagnosed before as fx in  
accessory navicular

Treatment Given :

Full WB  
for med + H

Further Procedure :

- Pl Roxorin 1x3x7

- Pl Repasil 1x2x10

Doctor's Name & Stamp

Signature

Dr. Mustafa M. Ahmed  
Senior GP Ortho  
Adan Hospital

- Pl Mydocalm 1x2x10

CASUALTY SHEET

MR 3

Rev. Date: (1/12/2021)

40 HA 0011513 نموذج مشاهدة الطوارئ

QR code and stamp area with text: 10.0 KD, REFERENCE: 0000, 9221023482346020

REFERENCE: 0000

9021409101



وزارة الصحة  
وطى الكويت سلمت للمجد  
الشؤون لادسية منطقة الاحمدى الصحية

923

Surgical Urology Ortho Clinic 9

Waiting Customers 0  
Waiting Time 00:00

14:59

2023-10-22

Symptoms :

50878001

PRASH TIA

reent

مكان  
لصق  
الطابع

Physical Signs :

if ankle tight

Laboratory Data :

parion Medical  
foot...

X-Ray Data :

ray ? # Accessory  
navicular

Diagnosis :

of Compens. Vain

Treatment Given :

# Accessory Navicular

blks

Further Procedure :

علاج  
الاصابع  
التي  
تضيق

Aspirin  
1x 1x 1x

Aspirin  
1x 1x 1x

Implementation Purposes Only  
بأغراض تطبيق النظام فقط

Sunday

22/10/20

R9

2pm

Doctor's Name & Stamp

Dr. Mohammed Hassen  
Senior G.P Orthopedic  
Al-Nayan Hospital

Signature

Dr. Hassen

Rev. Date: (1/2021)

7540 HA 001513 نموذج مشاهدة الطوارئ

D

CASUALTY SHEET

MR 3



File Number : FAH202319157  
 Patient Name : SAMIR DAS BHAGABAN DAS  
 Gender : MALE/26  
 CIVIL ID : 296111502711  
 Company : -N/A

Bill Date : 24/10/2023 11:18 AM  
 Bill Number : HG20231024130  
 Doctor Name : Fahad Farooq Tonse  
 Nationality : India  
 Mobile : 60722153

SI No	Service Name	Quantity	Rate	Total Amount
1	IVF RINGER LACTATE	1.00	6.500	6.50
2	PERFALGAN 1 gm IV	1.00	5.000	5.00
3	INJ PREMOSAN - IM	1.00	3.000	3.00
4	INJECTION PRICKING-2 INJ	1.00	2.000	2.00
Total				16.50

Discount : 0.000 Company Payable : 0.000 Net Amount : 16.500  
 Paid By CASH : 16.500 Total Paid : 16.500  
 Amount in words : Sixteen Dinar And Five Hundred Fils

Signature:

SANJU HANEEF 24/10/2023 11:18:12am



FAH202319157

OP Valid For 7 Days

We accept all major health insurance cards / home collection services

Token

F44

Fahaheel -Block 7-Street 67 - Al-Dabbous Building - II nd Floor-Tel/  
 الفحاحيل -طبعة:7-شارع:67-عمارة الدبوس-الدور الثاني-هاتف:2391 5593-965 2391 5592 ©

صيدلية منار الإيمان

Manar Al-Eman pharmacy

الفحاحيل ش النورس Al Dabbous fahaheel

23916224 ☎ ٢٣٩١٦٢٢٤

REG 24-10-2023 12:53

000122

CT 1

1 DEPT003	2.770
1 DEPT003	3.720
1 DEPT003	0.440
المجموع	6.930
نقدا	7.000
الباقي	0.070

10-8518

H100



HG2023102490

مستوفى المدينة الدولي



A CARING MISSION

File Number : FAH202319157  
 Patient Name : SAMIR DAS BHAGABAN DAS  
 Gender : MALE/26  
 CIVIL ID : 296111502711  
 Company : -N/A

Bill Date : 24/10/2023 10:11 AM  
 Bill Number : HG2023102490  
 Doctor Name : Fahad Farooq Tonse  
 Nationality : India  
 Mobile : 60722153

SI No	Service Name	Quantity	Rate	Total Amount
1	CONSULTATION CHARGE - GP	1.00	7.000	7.00
Total				7.00
Discount : 3.000				
Paid By CASH : 4.000				
Amount in words : Four Dinar				
Company Payable : 0.000			Net Amount	: 4.000
Total Paid : 4.000				

Signature:

SANJU HANEEF 24/10/2023 10:11:18am



FAH202319157

OP Valid For 7 Days

We accept all major health insurance cards / home collection services

Fahaheel -Block 7-Street 67 - Al-Dabbous Building - II nd Floor-Tel/  
 الفحيحيل -قطعة:7-شارع:67-عمارة الديوس-الدور الثاني-هاتف ©:+965 2391 5592- T,2391 5593

Token

F44

ID-2458  
80KD

02.12.0

STATE OF KUWAIT  
MINISTRY OF HEALTH  
DEPARTMENT OF CLINICAL RADIOLOGY



دولة الكويت  
وزارة الصحة  
قسم الأشعة الإكلينيكية  
Dr. Atif Majeed Qureshi  
Senior Registrar Emergency

PATIENT'S NAME: Family Name: BHARAT 2nd 1st  
CIVIL I.D. 21261057246625 HOSP. WARD / Bed. /

RELATED CLINICAL DATA.

Ch headache, dizziness and  
vomiting - 2 day,  
H/O APD before  
O/E GCS 15/15 No focal defect  
Adv  
CT Brain

File No.  
D.O.Birth.  
SEX. M  F   
NATIONALITY.  
History of allergy. Yes  No   
Type:.....  
L.M.P.

DR. STAMP & SIGNATURE.  
Dr. Atif Majeed Qureshi  
Physician Consultant, FCPSIPAK  
Senior Registrar Emergency  
Radiologist approval: Al Araf Hospital Kuwait.

REQUESTED EXAM.:

Rev. Date (1/2009)

نموذج طلب فحص اشعة 7540HA0011051

Level 1	15 min
Level 2	30 min
Level 3	60 min
Level 4	1.30 min and more
Level 5	1.30 min and more

When these standards allow to classify the urgency  
of the patient's condition and the problem

Zinnals 10.0mm/mv 0.00-100) (2.700 AC OFF

State Of Kuwait - MOH  
Adan Hospital



ADAN Hospital / ADAN Hospital

10 دينار

286052901628

24/10/23 06:57

2944029488590209

REFERENCE: 1

ADAN Hospital Logo

Date: 24-10-2023 01:46 pm

Nama: BHARAT PASIMAN

Nationality: Nepal/ نيبال

Quabins No: (C481)

Location: I.CIAS III / I.CIAS III

Standard Waiting time for all CIAS levels

Level 1	0 min
Level 2	15 min
Level 3	30 min
Level 4	60 min
Level 5	120 min and more

Canadian Triage standard allows to classify the emergency patient according to severity of presenting problems.

معيار الترياج الكندي يسمح بتصنيف المريض في حالات الطوارئ حسب شدة المشكلة.



10-8408  
10100



مکان  
لصق  
الطابع

seen on  
red in  
ER in  
lying  
Subconj  
HMOs  
M. formed  
pupils RRR No RMD  
Pupils

Presenting Symptoms:

09:41 صباحاً : 28-10-2023  
وقت: 28-10-2023

Physical Signs:

283060515666 : الرقم العددي  
WNL  
THAS GEORGE GEORGE

X-Ray Data:

FFA = normal  
Pupils  
Pupils

Diagnosis:

No loss, no movement

Treatment Given:

pt. full  
A. Anterior font neck collar - to be inserted  
B. ACAB, SPI 2  
C. vitals stable  
P. GCS 15, pupils RRR, No focal deficit  
E. Joints - An Rt. Forearm, hand, fore center  
Rt knee P

Further Procedure:

H CR  
Ct, blood screen, etc  
P. Sales

BP: 160/90  
P: 100  
SpO2: 99%  
T: 36.6

11:30  
P-86  
BP-124/80  
SpO2-99

Date: 28-10-2023

Doctor's Name & Stamp

Signature

Still wait in  
for CT  
No follow up

10am  
Pupils  
L. 10am  
Pupils  
Vital stable

7540 HA 0001462

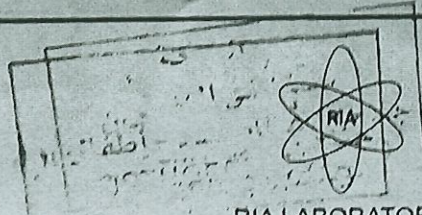
Rev. Date (11/2021)

CASUALTY SHEET

10-8408  
25100



وزارة الصحة  
MINISTRY  
OF HEALTH



RIA LABORATORY  
NUCLEAR MEDICINE DEPARTMENT  
MUBARAK AL-KABEER HOSPITAL

LAB NO.	
DATE	

(FOR LAB USE ONLY)

HOSP. NO.

NAME Dhas George George C.I.D.

HOSP /CLINIC	SEX	AGE	NATIONALITY	WARD	DATE
<u>Al-Adan</u>	<u>F</u>	<u>40y</u>	<u>Indian</u>	<u>17</u>	<u>29/10/28</u>

DIAGNOSIS Hypothyroidism DR. SIGNATURE [Signature]

DRUGS \_\_\_\_\_ STAMP Dr. Alaa El-Sayed Ganga  
Senior Sp. Endocrinologic  
Mubarak Hospital

(MARK  THE TESTS REQUIRED)

DXI Reference Ranges

<input checked="" type="checkbox"/> Free T3	pmol/L	3.53 - 5.38	Prolactin	Male	57 - 281	
<input checked="" type="checkbox"/> Free T4	pmol/L	7.8 - 16.0		mIU/L	Female	Premeno. 71 - 573 Postmeno. 59 - 421
<input checked="" type="checkbox"/> FSH	pmIU/mL	0.27 - 4.2	Estradiol	Male	74 - 275	
Cortisol	Morning	185 - 624		pmol/L	Female	Follicular 88 - 419 Mid-cycle 228 - 1961 Luteal 294 - 1003 Postmeno. 73 - 324
	Evening	< 276			Progesterone	Male
LH	Male	1.2 - 8.6	nmol/L	Female	Follicular 1.0 - 4.8 Luteal 16.4 - 59 Postmeno. 0.25 - 2.5	
	Female	Follicular			2.1 - 10.9	Testosterone
		Mid-cycle	19.2 - 103	nmol/L	Female	
IU/L	Female	Luteal	1.2 - 12.9	Ferritin	Male	24 - 336
		Postmeno.	10.9 - 58.7		Female	11 - 307
		FSH	Male	1.3 - 19.3	ng/ml	
IU/L	Female	Follicular	3.9 - 8.8			
		Mid-cycle	4.5 - 22.5			
		Luteal	1.8 - 5.1			
		Postmeno.	16.7 - 114			

PITUITARY GLAND TESTS

Lab 8

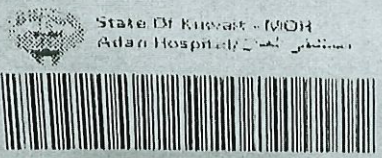


وزارة الصحة  
MINISTRY OF HEALTH

Presenting Symptoms :

الرقم الوطني / رقم المريض  
20-10-2023

الرقم الطبي 21  
RABI BEHERA SARTUNU  
BEHERA



State Of Kuwait - MOH  
Adan Hospital / مستشفى العبدان

Adan Hospital / مستشفى العبدان  
Slip / قسيمة زيارة

Stick Stamp here

Stamp

284041810082

Date: 30-10-2023 12:27 pm

Name: RABI BEHERA SARTUNU BEHERA

Nationality: India / الهند

Emergency No: (T316)

Location: Triage-Waiting / منطقة انتظار  
Area / العيادة

Standard Waiting time for all CTAS levels	
Level 1	0 min
Level 2	15 min
Level 3	30 min
Level 4	60 min
Level 5	150 min and above

Canadian Image Standard allows to classify the emergency patient according to severity of one's ongoing problems.

معيار الصور القياسية يسمح بتصنيف المريض حسب شدة مشاكله الحالية وفقاً لمتطلباته.

التاريخ: 30-10-2023  
رقم المريض: 20-10-2023  
رقم المريض: 21  
الاسم: RABI BEHERA SARTUNU  
BEHERA  
العنوان: المنطقة 0  
رقم الزيارة: 1453662

Full Body  
NO RAPD  
Mental Picc - 2hr Ap

ACQ  
RPE  
for  
EPE Room

covered  
st remnants  
all  
no stain

Dr. Kashif Gulzar  
Emergency  
Al-Adan Hospital

- ophlox 1x4x7  
- ophchlor oin HS

Doctor's Name & Stamp

Signature  
Dr. Zayed Mandouh Alenezi  
د. زايد ممدوح العنزي  
Ophthalmology Assistant Registrar  
Al-Adan Hospital


if worsen case

CASUALTY SHEET

MR 3



10-8538  
1084


  
 وزارة الصحة  
 المملكة الأردنية الهاشمية  
 10 دينار  
 Hospital  
 مستشفى  
 02/11/23 09:53  
 مستشفى العدان  
 REFERENCE: 9021123487455889  
 Stamp here

28605 20 20173

Date: 02-11-2023 09:50 am التاريخ:

Name: SUJITH K R / VALSALA الاسم:

Nationality: India / الهند الجنسية:

Queueing No: ( 0581 ) رقم الطابور:

Location: T CTAS III / I CTAS III العيادة:

Standard Waiting times for all CTAS levels	
Level 1	0 min
Level 2	15 min
Level 3	30 min
Level 4	60 min
Level 5	120 min and more

Canadian Triage standard allows to classify the emergency patient according to severity of presenting problems.

مقياس الترياج الكندي يسمح بتصنيف المريض في مستويات الطوارئ وفقاً للشدّة وخطورة الأعراض الحاضرة.

STATE OF KUWAIT  
 MINISTRY OF HEALTH  
 DEPARTMENT OF CLINICAL RADIOLOGY



دولة الكويت  
 وزارة الصحة  
 قسم الأشعة السريرية

PATIENT'S NAME: Family Name: 2nd HOSP: 1st WARD/Bed: 1

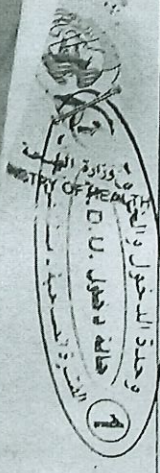
RELATED CLINICAL DATA.

work - history of heavy  
 - head - neck of heavy  
 - object  
 - headache + Dizziness  
 - deep eye - the sup  
 CR Breasts  
 Breast  
 REQUESTED EXAM: P10 Acute Pain

File No. 2241  
 D.O. Birth. 05/05/1975  
 SEX. M  
 NATIONALITY. KUWAITI  
 History of allergy. Yes  No   
 L.M.P.

DR. STAMP & SIGNATURE  
 Physician Contact No. 2011  
 Radiologist Approval: [Signature]





HOSPITAL: Adan

Dept. S Unit F Ward 16 Room 15 Bed 24

HOSP. NO. 94327

NAME: SULTAN KM

SEX: M / F AGE: 38

NATIONALITY: NK

Doctor in Charge: DR Nawaf

MARITAL STATUS:  أمثل  مطلق  متزوج  أعزب

رقم المدنى: 286052020173

رقم الدخول: 167

العنوان: ص.ب. ٣٣ ص.ب. ٢٥

أقرب شخص: البنف

اسم وتوقيع كاتب السجلات الطبية: \_\_\_\_\_

طريقة الدخول	مستشفى	عيادة خارجية	طوارئ	شروط	نعم	لا
--------------	--------	--------------	-------	------	-----	----

التاريخ: 2.11.2022

الساعة: 8:30 AM

Provisional diagnosis: Isolated Head Trauma Small Hematoma

ADMISS



وزارة الصحة منطقة الأحمدي الصحية  
مستشفى العдан قسم المحاسبة المالية

اليوم: ..... التاريخ: ١١/٣

السيد / مسئول الجناح / .....  
لا مانع من خروج (المريض - المريضة): سوجيت كوعار

بعد أن تمت جميع الاجراءات القانونية للخروج  
مع تمنياتنا لكم بالصحة والعافية

توقيع وختم الموظف  
.....

تاريخ الخروج: .....  
اسم وتوقيع كاتب السجلات الطبية: .....  
ساعة الخروج: .....  
إدارة الطبيب: .....



**Kerala**  
**BROTHERS**  
☎️ 📞 60 30 50 42 🚗 TAXI

No: **13663**

**TAXI SERVICE CASH RECEIPT**

KD 

7	500
---	-----

Taxi No.....

Date:.....

Received From Mr / Mrs / Ms Sneeraj

Amount KD 7.500

At Your Service From Adams To manjeri To Adams To

Time: From Manjeri To manjeri Camp - 3 Tel. No: .....

Driver's Name..... Signature.....



**Kerala**  
**BROTHERS**  
☎️ 📞 60 30 50 42 🚗 TAXI

No: **13664**

**TAXI SERVICE CASH RECEIPT**

KD 

7	500
---	-----

Taxi No.....

Date:.....

Received From Mr / Mrs / Ms Sneeraj

Amount KD 7.500

At Your Service From Adams To manjeri To Adams To

Time: From manjeri To Camp - 2 Tel. No: Camp - 3 To Adams

Driver's Name..... Signature.....

