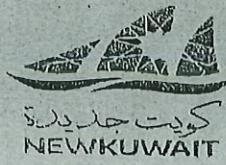


MEDICAL EXPENSES 19-February-2024 TO 16-March-2024

S.No	Project	Date	EMPO	Name	Designation	Site	Description	Treatment	Treatment Expenses	Remarks
1	20003D	3/2/2024	3277	PRATAP KUMAR	RIGGER	JPF	(PHYSICAL THERAPY) RT HAND FINGER CUT OFF SITE ACCIDENT	ZAIN HOSPITAL	65	SITE ACCIDENT
2	20003D	19/02/2024	9004	DEBJIT	FITTER	JPF	NOSE INJURY(SITE INJURY)	ADAN	30	SITE INJURY
3	23004D	20/02/2024	8500	YOGENDRA	SCAFFOLDER	KNPC	Abdominal pain and vomiting during working. Immediately shifted to camp that time we noticed he can't walk, so we shifted him	ADAN	15	SITE INJURY
4	20003D	22/02/2024	3277	PRATAP KUMAR	RIGGER	JPF	RT HAND FINGER CUT OFF SITE ACCIDENT(FOLLOWUP)	CT ABDOMEN	80	
5	20003D	24/02/2024	8642	AMOL BALU	HELPER	JPF	PILES WITH BLEEDING	METRO CLINIC	8	SITE ACCIDENT
6	20003D	25/02/2024	9015	DEBRAJ PARUA	FITTER	JPF	THE EMPLOYEE WAS UNDER MEDICATION FOR EPILEPSY FOR LAST SEVEN YEARS HE DISCONTINUED THE MEDICINE FOR	ADAN	15	
7	B14020	27/02/2024	8884	THOMAS CELEETUS	FABRICATOR	MAB	ABSCESSION THE PRIVATE AREA	ADAN	30	
8	B14020	28/02/2024	8468	SOM BAHADUR	BLASTER	MAB	HEAD INJURY(SITE ACCIDENT)	CT BRAIN	160	
9	16008D	6/3/2024	8656	NIDHIN S	FITTER	MRP	LOWER BACK SPRAIN FRACTURE (SITE ACCIDENT)	ADAN	15	
10	B14020	12/3/2024	8884	THOMAS CELEETUS	FABRICATOR	MAB	ABSCESSION THE PRIVATE AREA(FOLLOWUP)	CT BRAIN	80	SITE ACCIDENT
11	B14020	12/3/2024	3254	LAL SHAH	PAINTER	MAB	LT LEG SWELLING(SITE INJURY)	MRI	120	SITE ACCIDENT
12	23004D	12/3/2024	3206	SANJAY KUMAR	FITTER	KNPC	BREATHING DIFFICULTY	ADAN	15	SITE INJURY
								ADAN	15	
								WHEEL CHAIR	10	
								TAXI FARE	59	
								Total Amount	762	

M. H. P.



IbnSina Hospital
Physiotherapy Department

وزارة الصحة
الكويت - الخليج العرب
منطقة الصباح الطبية التخصصية
مستشفى ابن سينا - قسم العلاج الطبيعي

قسم العلاج الطبيعي
عيادة خارجية (مركز الباطين)
Physical Therapy Department
Out Patient Clinic (Babtain Center)

Name: Prathap Kumar : الاسم
Nationality : Indian : الجنسية
Civil ID : 270052808724 : الرقم المدني
File NO : 089565 : رقم الملف
Diagnosis : : التشخيص
Mobile No : : رقم الهاتف
Treating Physician (Surgeon) : : الطبيب المعالج (الجراح)

First Course اول

الرقم NO	التاريخ Date	ختصاصي المعالج Treating PT
1	7/1/24	P. O. Shahan

65
استاذ
الطبيب
المعالج
الطبيعي
الكويت
Razak



03/02/2024 09:57
ابن سينا الحاصية
9070124513541791



مكان
لصق
الطابع

Presenting Symptoms :

Ms. Pancreatitis,
Cholelithiasis.

Physical Signs :

Laboratory Data :

Fever: 2/09.
100 f

X-Ray Data :

Pain - Epigastrium = severe
& constant.

⊕ 39.5 f
BP = 128/81.

Vourmetin

Diagnosis :

- No radiating to B/L.

HR = 108 b.
SpO2 = 99.

Treatment Given :

→ No touch massaging.

1m. Lorazepam
1m. Paracetamol
1m. Nilacetamide

MOR

Dr. Kashif Qureshi
Emergency
Al-Adan Hospital

Alcohol use
in India.
few more
AFO

Implementation Purposes Only

ARR

Further Procedure :

ELU ✓

Routine

Date: / / 20

14/09/21

Doctor's Name & Stamp

Signature

1/1/21 v Bhs
Lecturer

1/1/21 Koppen

CASUALTY SHEET

ومر ياراف

الطاقم
الطوارئ

9:35

27/080/0824

ALTH

Presenting Symptoms :

HR 74

SpO2 98

Physical Signs :

Chest discomfort

since one month

SpO2 100%

T 36.6

Laboratory Data :

referred from polyclinic

By Ambulance

128/77

Patient received

X-Ray Data :

GTN
Aspirin @ polyclinic

found

du kare

Diagnosis :

CC: Trop

Treatment Given :

Aspirin

GTN

4h Mucex

1:30 PM

Ob: pt 52 y old. Cardiologist
ml not DM, not hypertensive.

pt complaining chest pain 2 Mo back.
not related to effort occur at rest
and e meals.

at current time there is no chest pain
or arrhythmia. No syncope or low COP seen

Further Procedure :

HR 74

ECG -> on Compliat Lt BBB, 2-3-2024

New ECG is " " " " 4-3-2024

4h Trop

Doctor's Name & Stamp

Signature

Plan: pt for ECG & Trop after 4h.

If no significant ECG changes or raise

a Tropo pt can be discharge from

Cardiac EPD. For ECHO & Rev at area hospital.

CASUALTY SHEET

MR 3

مكان
لصق
الطابع
Lt BBB

oh.
0.00
4h
5h
at
before

Dr. Ahmed Zayed
Cardiology Registrar
Al-Sabah Hospital
4-3

7540 H40007204

تموج شاشة الطوارئ

Rev. Date: (04/18)

10-8500
2010

STATE OF KUWAIT
MINISTRY OF HEALTH
DEPARTMENT OF CLINICAL RADIOLOGY



دولة الكويت
وزارة الصحة
قسم الأشعة الإشعاعية

PATIENT'S NAME

Family Name

2nd

3rd

CIVIL I.D. 29209312534

HOSP. 7

WARD/Bed. 1

RELATED CLINICAL DATA.

↑ Pt 317 presented with
Rt iliac foss pain
for 2 wks. worsened
C/O x 2 to 3
A cefi. & antibiotics

File No.

D.O. Birth.

SEX:

M F

NATIONALITY.

History of allergy.

Yes No
Type: _____

L.M.P.

DR. STAMP & SIGNATURE.

Physician Contact No.:

Radiologist Approval:

Rev. Date (03/2021)

7540 HA 0011051 نموذج طلب فحص اشعة

Medical Center B3
CASH / CREDIT BILL

طائفة نقد / بائع
CASH / CREDIT BILL

Token #: 22
Room #: 2-2

رقم الملف 192829
فاتورة رقم 98802276
التاريخ Date: 22-Feb-2024

Patient Name : PRATAPA KUMARA PRADHANAN
Civil ID / P.P. No.: 270052808722
Date of Birth : 28-May-1970
Age : 53.8 Yrs
Nationality : India
Mobile No. : 96626255
Area :
الاسم: **الطبيب**
الرقم السجل: **الرجس**
جواز السفر: **الرجس**
تاريخ الولادة: **الرجس**
العمر: **الرجس**
الجنسية: **الرجس**
نقل: **الرجس**
منطقة: **الرجس**

Doctor's Name : DR. ANAND CHALUVA GOVINDA
Department : INTERNAL MEDICINE
Insurance Co. :
MMC Membership Card :
Staff Name : Indrajith
Time :
اسم الدكتور: **الرجس**
اسم القسم: **الرجس**
شركة التأمين: **الرجس**
بطاقة MMC عضوية: **الرجس**
اسم الموظفين: **الرجس**
الوقت: **الرجس**

رقم SL. #
الوصف Description
الكمية Qty.
المتى Price
المجموع Total

CONSULTATION - INTERNAL MEDICINE
1
8,000
8,000

خصم Discount
المجموع المجموع
TAL 8,000



Booking - Car Parking - Ambulance Service - 24 Hrs Pharmacy Delivery

حجز - مواقف سيارات - خدمة إسعاف - توصيل صيدلية 24 ساعة





وزارة الصحة
MINISTRY OF HEALTH

Presenting Symptoms :

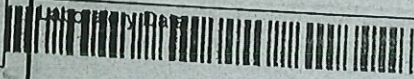
مكان
لصق
الطابع

01749
Physical Signs :

مستشفى العدا / استعجال الطوارئ

الرقم المدني : 287042807436

اسم : شيب شانكار ماندا
مريض



جنسية : نيبال
العمر : 36 سنة
الجنس : M

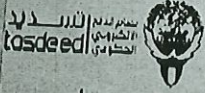
تليفون : 665 60753835
X-Ray Data :

عنوان : المهولة - القطعة 1

رقم الزيارة : 14514159

osis :

3 days Mid back pain



10 دينار



9260923470377486

REFERENCE:

2

Adan Hospital / مستشفى العدا

history of fall in sitting position

F.w.B, No Neuro deficit

Motor 5/5

Tenderness over dorsal lumbar 4,

X-Ray: # D11

after Dr. Emad (Kshafara oncall)

MOR + CT D.I.S +

255 My oncall Dr. Tarek Mostafa

Orthopedic Registrar
Adan Hospital

Doctor's Name & Stamp

Signature

CASUALTY SHEET

MR 3

ADAN Hospital / ADAN Hospital
Visiting Slip / قسيمة زبيرة

Stamp here

نموذج

Rev. Date: (11/2021)

5.8 mmol
RBS
SpO₂ 98%
P: 78
BR: 113/72
T: 37.2



20 يناير
مستشفى
المنيرة

التاريخ: 20/1/2021
الوقت: 11:30
المرضى: 14606394
الطبيب: /

CASUALTY SHEET

X-Ray Data :

Diagnosis :

NON-DM+HTN

Treatment Given :

37.2
113/72
P: 78/
RBS -
Admission
ECC
C.T scan
Brain
Plan

→ vitally stable
→ CNS free / Neck
→ No any focal
→ neurological deficit
→ Gait steady
→ chest - BRAB

→ IABP - Intra
→ SES 15/15
→ DSD - soft lat

c/o fits - Today
second episode
experienced
first episode - 10
Headache and
Dizziness - now

Further Procedure :

Date :

Doctor's Name & Stamp

Dr. NASIR
EMERGENCY
AL ADAN HOSPITAL

Signature
Date: 11/2021

MR 3

STATE OF KUWAIT
MINISTRY OF HEALTH
DEPARTMENT OF CLINICAL RADIOLOGY



دولة الكويت
وزارة الصحة
إدارة الأشعة السينية

PATIENT'S NAME

CIVIL ID.

HOSP

WARD/Bed

RELATED CLINICAL DATA

Non DM+HTN

41 yr ♂

90 lbs - body
second op. 10/10

R/O any acute from
in suit.

REQUESTING EXAM

E.T Scan

Brain Plan

DR. NASIR HAYAT
EMERGENCY
GP-ER
AL ADAN HOSPITAL

Radiologist Approval

Hayat

ADMIT HOSPITAL

Visiting Slip

Neck
R/L/O
first episode - 10/10

CASUALTY SLIP



وزارة الصحة
MINISTRY OF HEALTH

Presenting Symptoms :

مساءً 03:03

مستشفى العدان / استقبال الطوارئ

مكان
لصق
الطابع

Physical Signs :

الرقم المدني : 273053016624

THOMAS CELEETUS CELEETU

سم :
المريض



M 50 سنة

الجنس

الجنس :

العمر

الجنسية

تليفون : +965 96626255

العنوان : القطعة 0 -

X-Ray Data :

رقم الزيارة : 14538417

تاسديد
tasdeed



sis :

Content Given :

10 دينار



9163416589033296 Procedure :

REFERENCE:
1

Implementation Purposes Only

Date: / / 20

Doctor's Name & Stamp

Signature

CASUALTY SHEET

ليفون:

Data :

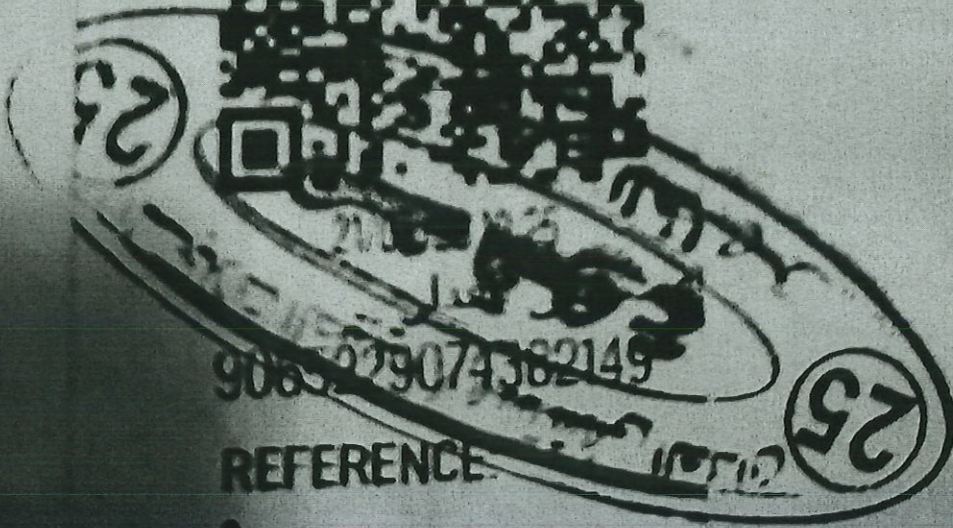
sis :

nt Given :

تاسديد
tasdeed



10 دينار



906929074382149

REFERENCE

2

تطبيق النظام

Further Procedure :

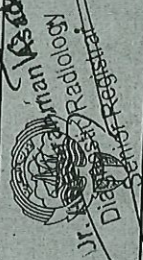
10-8468
8000

presented with dizziness, vomiting
Nausea, disoriented to her ↑ R/L.

03/17/21

STATE OF KUWAIT
MINISTRY OF HEALTH
DEPARTMENT OF CLINICAL RADIOLOGY

دولة الكويت
وزارة الصحة
قسم الأشعة الإشعاعية
Dr. Mohamed Abdulhaziz
Practitioner-Medical
ممارس عام - باطنية - م. العنان



PATIENT'S NAME:	Family Name:	2nd	1st
CIVIL I.D.	074055079668	HOSP.	WARD/Bed.

RELATED CLINICAL DATA.

4870 → 1st Time Disoriented
presented with
AKI 460 & ↑ lipof 500
vomiting & disoriented to r/l
dors to unresponsive, Calculate Cholesterol

REQUESTED EXAM:

AK Abdo

Radiologist Approval:

DR. STAMP & SIGNATURE.
Jr. Mohamed Abdulhaziz
General Practitioner-Medical
ممارس عام - باطنية - م. العنان
Physician COO

7540 HA 0011051 نموذج طلب فحص أشعة

Rev. Date (03/2021)

TREATMENT

RADIOLOGICAL CONSULTATION REQUEST

Diag. Imag4

24

مستشفى: القسم:

رقم الطوارئ:

اسم المريض: تاجو موم

الجنسية: عراق العمر:

العنوان:

Presenting Symptoms :

Dizziness, fainting attack
for 1 min & Head Trauma

Physical Signs :

normal, -DA
v/e
Number 158

Laboratory Data :

CT HVB
HT s. f s2
All soft & h2

X-Ray Data :

Fr Top - CT-0

Diagnosis :

M.O.C. Internal CT-1

Treatment Given :

Co T.T Sm
Givn
5.30 AM

Further Proce...:

at road near for Col
- But you to
- Ave to

736.8
Br 127/84
P 85
Sp-298x
RBS 0.3

- Row
- CBC
- AIT
- GL
- VBG & GB

د/كريم ابراهيم جبار
طبيب
1 / 20

Doctor's Name & Stamp

Signature

Rev. date (12/1999)

CASUALTY SHEET

MIR 3

B (11)

Yaganda Rasali Rasali

STATE OF KUWAIT
MINISTRY OF HEALTH
DEPARTMENT OF CLINICAL RADIOLOGY



291082105588

وزارة الصحة
قسم الأشعة العيوية

PATIENT'S NAME:

Family Name:

2nd

1st

CIVIL ID.

HOSP.

WARD / Bed

RELATED CLINICAL DATA.

alleged. Saw 72. Mac base
pain inside, variety
on examination -> Tendr RRF

URCS -> 13, 1
for c.t. Abol & 20 Contrast

File No.

D.O. Birth

SEX.

NATIONALITY.

History of allergy.

L.M.P.

DR. STAMP & SIGNATURE.

One -> 96

DR. STAMP & SIGNATURE

Yes No
Type:

RADIOLOGICAL CONSULTANT

Handwritten signature



ADAN Hospital / ADAN Hospital
Visiting Slip / قسيمة زيارة

Stick Stamp here

290091405799

Date: 12-03-2024 11:32 am التاريخ

Name: THOMAS KADAKKETHU STEPHIN الاسم

Nationality: India / الهند الجنسية

Queueing No: (T643) رقم الطوارئ

Location: Triage Waiting / Area منطقة انتظار العيادة
المرضى

Standard Waiting time for all CTAS levels

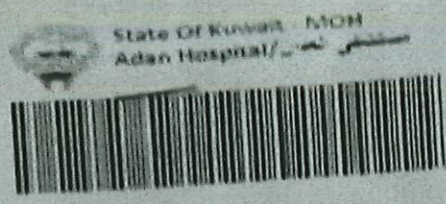
Level 1	0 min
Level 2	15 min
Level 3	30 min
Level 4	60 min
Level 5	120 min and more

Canadian triage standard allows to classify the emergency patient according to severity of presenting problem.

مقياس التريج الكندي يسمح بتصنيف المرضى في حالات الطوارئ حسب شدة
وخطورة أعراض المرض.

ISL

17



ADAN Hospital / مستشفى اदन
Visiting Slip / شهادة زيارة

Stick Stamp here
Cot

282021513073
12-03-2024 11:34 am

LALSHAH SHAH
الاشاه شاه خاتمه شاه

India / الهند

(T644)

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	120 min and more

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

معايير التريج الكندي يسمح بتصنيف المريض في حالات الطوارئ وفقاً لشدة وعرضة الأعراض المتوقعة.

2024-03-12

التاريخ

رقم المدينة



الرقم

الاسم

العنوان

رقم الطوارئ

العيادة

رقم الزمارة : 14851374

Dm RPS 13.5



Dr. ...
General

Doctor's Name & Stamp
Cd note

Ug by chs Lee
Cot for diabetes

Dressy den
Follow Diabetes OPD

Signature

1985HAG001004

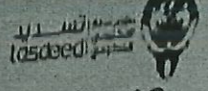
Rev. Date: 04/12

29, 19/10/2019

قوة الحرس الوطني



Existing Symptoms :



Physical Signs :



Laboratory Data :

12/0324 10000
91783400 2156735
REFERENCE

X-Ray Data :

Diagnosis :

Treatment Given :

Further Procedure :

Implementation Purposes Only
لأغراض تطبيق النظام فقط

Date: / / 20

Doctor's Name & Stamp

Signature

CASUALTY SHEET



Kerala
BROTHERS



TAXI SERVICE CASH RECEIPT

KD	14	KD
----	----	----

Taxi No.....

Date:.....

Received From Mr / Mrs / Ms *Pratap Kumar (3277)*

Amount KD *14 KD*

At Your Service From..... *Mangalamp - 2* To *Al Raji DO*

Time: From *Zebra Hospital* To *Mangalamp - 2*

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



Kerala
BROTHERS



TAXI SERVICE CASH RECEIPT

KD 14 60

Taxi No.....

Date:.....

Received From Mr / Mrs / Ms Pratap Kumar (3277)

Amount KD 14 60

At Your Service From Mannur Camp - 2 To DL Ruzi PO

Time: From 2:30 Hospital PO To Mannur Camp - 2 Tel. No.....

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



Kerala
BROTHERS



TAXI SERVICE CASH RECEIPT

KD 14 60

Taxi No.....

Date:.....

Received From Mr / Mrs / Ms Pratap Kumar (3277)

Amount KD 14 60

At Your Service From Mannur Camp - 2 To DL Ruzi PO

Time: From 2:30 Hospital PO To Mannur Camp - 2 Tel. No.....

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



Kerala
BROTHERS



TAXI SERVICE CASH RECEIPT

KD

3	00
---	----

Taxi No.....

Date:.....

Received From Mr / Mrs / Ms *Praveen*

Amount KD *3.00*

At Your Service From *Camp-2 to Shetty to Bellur to*

Time: From *Camp-1* To Tel. No:.....

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



Kerala
BROTHERS



TAXI SERVICE CASH RECEIPT

KD

14	00
----	----

Taxi No.....

Date:.....

Received From Mr / Mrs / Ms *Praveen Benny (3222)*

Amount KD *14.00*

At Your Service From *Munier Camp-2 to Bellur to 2nd*

Time: From *10:00* To *Camp-2* Tel. No:.....

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

