

MEDICAL EXPENSES 01 March-2024 TO 05-April-2024

S/NO	Project	Date	EMPO	NAME	DESIGNATION	SITE	DESCRIPTION	TREATMENT	TREATMENT EXPENSES	REMARKS
1	B14020	10/3/2024	9055	BAP SAHOO	FITTER-TANK	MAB	BREATHING DIFFICULTY	ADAN	30	
2	23004D	13/03/2024	8761	VINEETH	HELPER	KNPC	LT LEG SWELLING(SITE INJURY)	ADAN ADAN	15 30	SITE INJURY
3	20003D	14/03/2024	9059	GOURANGA PRAMANIK	FITTER	JPE	and vomiting during working. Immediately shifted to camp that time we noticed he can't walk, so we shifted him	CT ABDOMEN	150	
4	23004D	15/03/2024	8441	LOK BAHADUR	SCAFFOLDER	KNPC	PILES WITH BLEEDING	ADAN	15	SITE INJURY
5	20003D	17/03/2024	9004	DEBJIT	FITTER	JPE	NOSE INJURY(SITE INJURY/FOLLOWUP)	ADAN	30	
6	23004D	18/03/2024	8920	ANANDA SATTU	HELPER	KNPC	BREATHING DIFFICULTY	ADAN	15	
7	23004D	19/03/2024	3824	RAM NAVAL	HELPER	KNPC	SKIN ALLERGY	ADAN	15	
8	20003D	22/03/2024	9015	DEBRAL PARUA	FITTER	JPE	HEAD INJURY(SITE ACCIDENT(FOLLOWUP))	ADAN	30	SITE ACCIDENT
9	23004D	24/03/2024	8896	CHIRANJIB RAO	WELDER	KNPC	EYE INFECTION DUE TO WELDING FUMES EXPOSURE	ADAN	15	
10	20003D	25/03/2024	8833	BABLU	FABRICATOR	JPE	and vomiting during working. Immediately shifted to camp that time we noticed he can't walk, so we shifted him	ADAN	15	SITE ACCIDENT
11	23004D	29/03/2024	8966	VISHNU	HELPER	KNPC	RT HAND FINGER CUT OFF SITE ACCIDENT	ADAN	15	
12	23004D	30/03/2024	8916	ABDUSSALAM K M	HELPER	KNPC	ABSCESS(ON THE PRIVATE AREA)	ADAN CT BRKIN	15 80	
13	23004D	31/03/2024	8479	BABU	INSULATOR	KNPC	VOMITING AND DIZZINESS	ADAN	15	SITE INJURY
14	23004D	5/4/2024	8511	MANIKUTTAN	HELPER	KNPC	LT HAND INJURY(SITE INJURY)			
								WHEEL CHAIR	10	
								TAXI FARE	40	
								Total Amount	560	

*[Handwritten signature]*

MR 3

Rev. Date: (11/2021)

7540 HA 0011513

14:40

Signature

Doctor's Name & Stamp

Date: / / 20

Confounded!  
It + High  
By Stomach  
Cot Stomach

Left (leg) superior  
For Kach  
Treatment Given:

Treatment Given :

Diagnosis :

X-Ray Data :

Laboratory Data :

Implementation Purposes Only

CASUALTY SHEET

2010-20

10-9055



10-9059  
 20+10  
 = 30  
 رقم الطوارئ :  
 اسم المريض :  
 الجنسية :  
 العنوان :

Presenting Symptoms :

Diagnosis, fainting attacks  
for minor head trauma

Physical Signs :

normal  
 158  
 c/e  
 normal, - ON

Laboratory Data :

CT HVB  
 HT s. f. s. 2

X-Ray Data :

add soft plate  
 FCB

Diagnosis :

CT-0  
 CT-1  
 M.c.c. Injury

Treatment Given :

Co 2 T 7 Sm  
 Give  
 5.30 AM  
 5.30 AM

infected wound  
 plaster

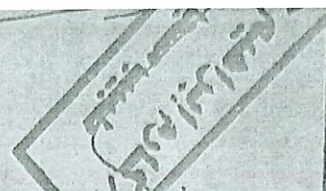
Further Procedure :

WBG  
 GL  
 AIT  
 CBC  
 2000

Signature

Doctor's Name & Stamp

at wound no. for col  
 - Right nose  
 - Nose to W



collected  
 report  
 done

180  
ID-9059

STATE OF KUWAIT  
 ADMINISTRATION  
 DEPARTMENT OF CLINICAL RADIOLOGY

CASUALTY SLIP

PATIENT'S NAME	NO. IN	WARD/SEC
CIVIL I.D.	HOSP.	
RELATED CLINICAL DATA	PIANO	YES <input type="checkbox"/> NO <input type="checkbox"/>
Non DM+HTN	DOB	TYPE
90 fits - early	SEX	
second episodes	NATIONALITY	
R/o any acute exam	EMERGENCY	
in skull.		

REQUESTED EXAM: E.T Scan

Signature: [Handwritten Signature]

AI ADAN HOSPITAL  
 EMERGENCY  
 DEPARTMENT OF RADIOLOGY

ADAN Hospital  
 Visiting Slip

Neck  
 Ear  
 Head

K/K/O

first episode - 1 day

MR 3

CASUALTY SHEET

Implementation Purpose

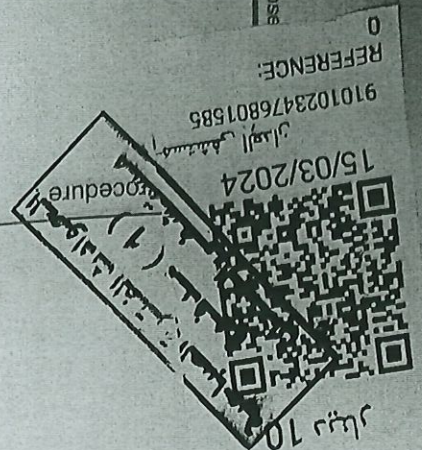
1304 HA000 HA000  
مركز الطوارئ  
1304 HA000 HA000

Rev. Date: (04/18)

Date: / / 20

Signature  
Doctor's Name & Stamp

15/03/2024  
9101023476801585  
REFERENCE: 0  
مركز الطوارئ  
10 يناير



تمت Given :  
مركز الطوارئ  
10 يناير

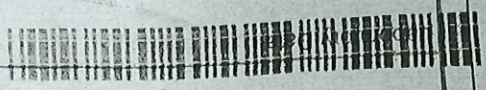
Diagnosis :

X-Ray Data :

رقم الريادة : 145422792

المرحلة : 0 -

ADAN Hospital / الطوارئ  
M 28/28  
المرحلة : 0 -



Physical Signs :

المرحلة : 0 -  
المرحلة : 0 -

Presenting Symptoms :

وزارة الصحة  
MINISTRY OF HEALTH



10-84411  
10+5  
= 15



وزارة الصحة  
MINISTRY OF HEALTH

1120

Handwritten notes and markings on the right edge of the page.

Implementation Purposes Only  
فقط الغرض من التنفيذ

Presenting Symptoms :

11:24 : 11:24

Physical Signs :

العلامات الجسدية :

278010190967 : الرقم المدني : الرقم المدني

الاسم : الاسم : الاسم



M 45 : العمر : العمر : العمر

الجنس : الجنس : الجنس : الجنس

X-Ray Data :

14240420 : الرقم : الرقم

Diagnosis :

Di. tachycardia  
التهرب

Treatment Given :

Person similar condition of work  
شخص في حالة مماثلة لعمله

Not in H.N.M.

Further Procedure :

Handwritten notes in the Further Procedure section.

ECG  
CXR

Date :

1/20

Doctor's Name & Stamp

Signature  
التوقيع

Handwritten notes and signatures in the Doctor's Name & Stamp section.

7540 HA 0011513

Handwritten text in the top right corner.

Rev. Date: (1/1/2021)

10-9004  
2010  
=30

(11/2021) en



MR 3

CASUALTY SHEET

Rev. Date: (11/2021)

Doctor's Name & Stamp  
Signature

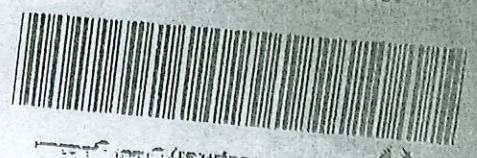
Dr. Tarek Mostafa  
Orthopedic Registrar  
Adan Hospital

355 My Oncall  
Motor 515  
F.W.B, No Nerve deficit  
Tenderness over dorsal base v.  
X-Ray: # D12  
after Dr. Emed (Tunifora oncall)  
MORL + CT D.I.S +

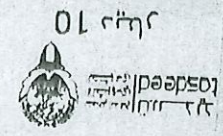
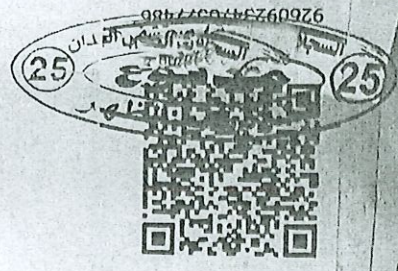
History of fall in sitting position  
3 days and back pain  
14514159 : الرقم الطبي

X-Ray Date: 665-60753835 : الرقم  
M 60036 : الرقم  
287042807436 : الرقم الطبي

Presenting Symptoms :  
Physical Signs :



ADAN Hospital / ADAN Hospital  
Visiting slip / ورقة زيارتي  
REFERENCE: 9260923470377486



الطابع  
الرقم  
الاسم  
MINISTRY OF HEALTH  
وزارة الصحة



110-3824  
10+5=15

Dr. A. Shahien  
Ortho Registrar  
Al Adan Hospital

Signature

Doctor's Name & Stamp

/ 20

CASUALTY SHEET

- Roxoni tal 1 x 2xro  
 - Aspirin tal 1 x 1xro  
 - Repair tal 1 x 3x10  
 - (C) lat malleolus #  
 Non displaced  
 infarctus malleolus

FU Adan hospital  
 OPD  
 Wednesday  
 218  
 2pm  
 Room 8

Procedure :

Treatment Given :

Diagnosis :

X-Ray Data :

Laboratory Data :

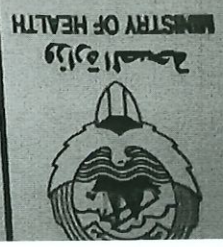
Physical Signs :

Presenting Symptoms :



10-9015  
 2010  
 =30

10-8896  
10+5=15



*[Handwritten signature]*

Presenting Symptoms:

Physical Signs:

Laboratory Data:

PRAANATHA SAMANTHA  
ASHOK

X-Ray Data:

Dot - 100%  
Diabetes ok

Diagnosis:

Diagnosed before as  
allergy nms...

Attachment Given:

Full NB  
for med

*[Handwritten notes]*

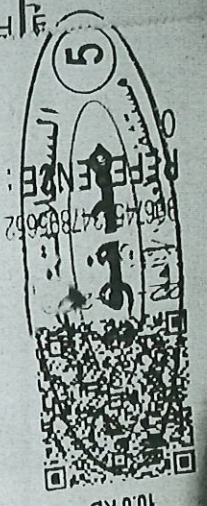
*[Handwritten notes]*

Further Procedure:

DR. Mustafa M. Ahmed  
Senior GP Ortho  
Adan Hospital

Doctor's Name & Stamp

*[Handwritten notes]*



Implementation Purposes Only

Date:

Rev. Date: (02/21)

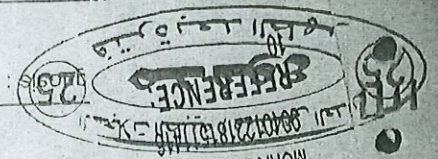
Signature

Doctor's Name & Stamp

Date: / / 20

Further Procedure :

Treatment Given :



MOHR-Addan Hospiil

25/03/2024



Laboratory Data

Physical Signs :

Presenting Symptoms :

MINISTRY OF HEALTH



10-8833  
10+5=15

Health No  
Allotment  
Date

MR 3

CASUALTY SHEET

Rev. Date: 11/2020

7540 HA 0011513 سورية الطوارئ

Implementation Purposes Only

Signature

Doctor's Name & Stamp

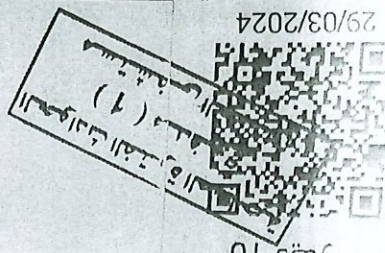
Date: / / 20

REFERENCE:

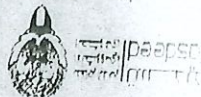
9231123496946551

Other Procedure :

29/03/2024



10 يناير



Treatment Given :

Diagnosis :

X-Ray Data :

Laboratory Data :

Physical Signs :

Presenting Symptoms :

وزارة الصحة  
MINISTRY OF HEALTH



الطابق  
الرقم  
الطابق

10-8466  
10+5  
=15

Date: (11/17/2021)

7540 HA 0011513

Signature: *[Signature]*  
 MAR 13 2021  
 11/18/21  
 11/18/21  
 11/18/21

Dr. NASIR  
 EMERGENCY  
 AL-AZHAR HOSPITAL

Date: 11/15/15  
 - IABX - IABX  
 - DSD - left

Implementation Purposes Only  
 ERG  
 C. 15/15  
 P. 78/72

Disinfectants - Now  
 first episode - 10  
 second episode  
 c/o fits - Today

chest - BRABE  
 No any local  
 chest/neck  
 vital signs stable  
 Further Procedures: *[scribble]*

113/72  
 P. 78/72  
 37.2

Diagnosis: Non-DM+HTN  
 Treatment Given:

927599  
 10 دينار  
 QR Code  
 10 دينار

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

ID-8916  
 1045-15

**MIR 3 CASUALTY SHEET**

Rev Date: 11/2021

Doctor's Name & Stamp  
Signature

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

Level	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

Location: T. CTAS III / T. CTAS III  
 Queuing No: (C377)  
 Nationality: India / الهندي  
 Name: BIJU CV VARGHESE  
 Date: 31-03-2024 04:13 pm  
 ID: 273060307585

Stick Stamp here

ADAN Hospital / ADAN Hospital  
 Visiting Slip / ورقة زيارة



KHWAIT - MOH  
 (2)  
 31/03/24 04:18  
 728345241801757  
 03\*2024



Presenting Symptoms:  
 (2)  
 10

10+5  
 16  
 10-8479



RADIOLOGICAL CONSULTATION REQUEST

Diag. Image

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

CIVIL I.D. HOSP.

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

DR. STAMP & SIGNATURE  
 Physician Contact No.:  
 Radiologist Approval:

Dr. M. Saleh Metwally  
 Registrar Radiology  
 Kuwait Hospital

RELATED CLINICAL DATA:  
 Imp'd. 32 f - id  
 Gen Rt low fan  
 Low Sc 810 -  
 WUB C 13100 -  
 Bed us Rt med. Hx dx rph  
 CT low -

REQUESTED EXAM:  
 CT low -

Rev. Date (05/2014)

10-8499-01

MR 3 CASUALTY SHEET

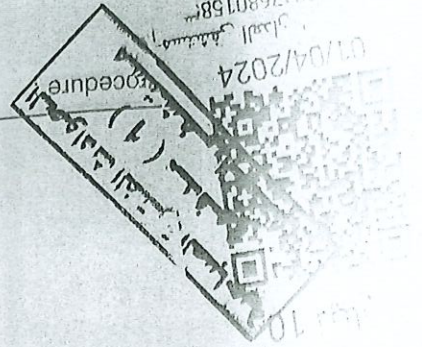
Rev. Date: (04/18)

1304 HA000 1304 - 1304 HA000 1304

Signature

Doctor's Name & Stamp

Date: / / 20



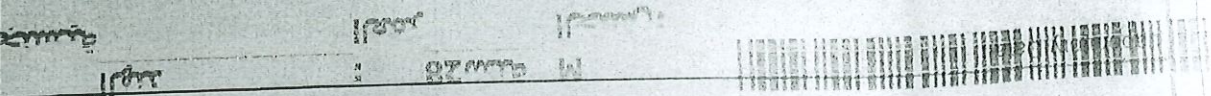
Document Given :

Diagnosis :

X-Ray Data :

رقم الزيارة : 14542792

التاريخ : 0 -



الاسم :

العنوان :

العنوان :

Physical Signs :

ADAN Hospital / مستشفى اदन

Presenting Symptoms :

10-8511  
10+5  
= 15

Driver's Name.....

Time: From..... To.....

At Your Service From..... To.....

Amount KD.....

Received From Mr / Mrs / Ms.....

Taxi No.....

Date.....

KD	2	00
----	---	----

TAXI SERVICE CASH RECEIPT



**BROTHERS**

*Kerala*



Driver's Name.....

Time: From..... To.....

At Your Service From..... To.....

Amount KD.....

Received From Mr / Mrs / Ms.....

Taxi No.....

Date.....

KD	2	00
----	---	----

TAXI SERVICE CASH RECEIPT



**BROTHERS**

*Kerala*



..... Signature..... Drivers Name.....

..... Tel. No. : ..... Time: From .....

..... To ..... At Your Service From .....

..... Amount KD .....

..... Received From Mr / Mrs / Ms .....

..... Date: ..... Taxi No. ....

KD 4 65

TAXI SERVICE CASH RECEIPT



**BROTHERS**



..... Signature..... Drivers Name.....

..... Tel. No. : ..... Time: From .....

..... To ..... At Your Service From .....

..... Amount KD .....

..... Received From Mr / Mrs / Ms .....

..... Date: ..... Taxi No. ....

KD 4 65

TAXI SERVICE CASH RECEIPT



**BROTHERS**



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

Time: From..... To.....  
Hospital to manager camp

At Your Service From..... To.....  
manager camp - 2 to Be Road to 2nd

Amount KD.....  
14 KD

Received From Mr / Mrs / Ms.....  
Pratap Kumar (3222)

Date..... Taxi No.....

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

TAXI SERVICE CASH RECEIPT



**BROTHERS**



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

Time: From..... To.....  
Hospital to manager camp

At Your Service From..... To.....  
manager camp - 2 to Be Road to 2nd

Amount KD.....  
14 KD

Received From Mr / Mrs / Ms.....  
Pratap Kumar (3222)

Date..... Taxi No.....

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

TAXI SERVICE CASH RECEIPT



**BROTHERS**





