

CERTIFICATE "B"

(To be filled in the case of patients who are admitted to hospital for treatment)

Certificate granted to Mr./Ms/ _____
wife/son/daughter of Mr. _____ employed in the _____
_____.

PART "A"

I, Dr. _____ hereby certify :-

(a) That the patient was admitted to hospital on my advice of _____

(Name of Medical Officer)

(b) That the patient has been under treatment at _____ and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the _____.

(Name of the Hospital)

preparation for which cheaper substances of equal therapeutic value are available nor preparation which are primarily food, toilets or disinfectants.

S.#	Name of Medicines	Price		S.#	Name of Medicines	Price	
		Rs.	Ps.			Rs.	Ps.
1.				8.			
2.				9.			
3.				10.			
4.				11.			
5.				12.			
6.				13.			
7.				14.			

(c) That the injections administered were/were not for immunising or prophylactic purposes.

(d) The the patient is/was suffering from _____ and is/was under my treatment from _____ to _____.

(e) That the X-Ray, Laboratory test, etc. for which an expenditure Rs. _____ was incurred were necessary and were undertaken on my advice at _____.

(Name of the Hospital or Laboratory)

(e) That I referred the patient to Dr. _____ for specialist consultation and that the necessary approval of the _____ as required under the rules was obtained.

(Name of the Chief Administrative Medical Officer of the State)

Signature and Designation of the Medical Officer-in-Charge of the case at the Hospital

PART "B"

I certified that the patient has been under treatment at the _____ hospital and that the services of the special nurses, for which an expenditure of Rs. _____ was incurred *vide* bills and vouchers attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Signature and Designation of the Medical Officer-in-Charge of the case at the Hospital

COUNTERSIGNED

*Medical Superintendent
Hospital*

I Certify that the patient has been under treatment at the _____ hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

*Medical Superintendent
Hospital*

N.B.:- Certificate not applicable should be struck off, Certificate "B" is compulsory and must be filled by the Medical Officer in all cases.