

CERTIFICATE 'B'

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

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

PART A

I, Dr. _____ hereby certify

(a) that the patient was admitted to hospital on the advice of _____ (name of the medical Officer) /on my advice :

(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) for supply to private patients and so not include proprietary preparations for which cheaper substances of equal therapeutic value are available not preparations which are primarily foods, oilets or disinfectants

Name of medicines	Price
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

(c) That the injections administered were/werenot for immunising or prophylactic purpose

(d) That the patient is/was suffering from _____ and is/was under treatment from _____ to _____

(e) That the X-ray, laboratory tests, etc, for which and expenditure of Rs _____ was incurred were necessary and were undertaken on my advice at _____ (name of hospital or laboratory)

(f) That I called on Dr _____ for specialist consultation and that

the necessary approval of the _____ (name of the Chief Administrative
Administrative Medical Officer of the State) as required under the rules, was obtained.

Signature and Designation of the
Medical Officer in charge of the
case at the hospital

PART 'B'

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

Signature of the Medical Officer
Incharge 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

Place _____

NOTE – Certificates not applicale ahould be struck off. Certificate (d) is compulsory and must be filled
in by the Medical Officer in all cases.

- The mimimum facilities certificate may be signed either by the Medical Superintendend of the
hospital concerned or another Gazetted Medical Officer who has been authorised in this behalf
by the Medical Superintendent.