

CERTIFICATE-B

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

PART-A

(To be signed by the Medical Officer-in-charge of the case at the hospital)

I Dr. hereby certify:

(a) that the patient was admitted to hospital on my advice/the 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 for supply to private patients (name of hospital) and do not include proprietary preparations for cheaper substances of equal therapeutic value available, non preparation which are primarily foods, toilets or disinfectants.

NAME OF MEDICINES

PRICE

- 1.
- 2.
- 3.
- 4.
- 5.

(C) that the injections administered were not for immunising or prophylactic purposes..

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

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

(f) that I called in Dr..... (name of the chief 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 the services of the special nurses, for which and 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-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.

Place :

Date :

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