

CERTIFICATE 'B'

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

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

PART 'A'

I, Doctor _____ hereby certify:

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

(name of the medical officer/on my advise.

(b) that the patient has been under treatment at _____

(name of the hospital) & 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 do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants:

<u>Name of Medicines</u>	<u>Price</u>
1. _____	Rs. _____
2. _____	Rs _____
3. _____	Rs _____
4. _____	Rs _____

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

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

(e) that the X-ray, labortary tests, etc., for which an expenditure of Rs. _____ was incurred were necessary and were undertaken on my advice at _____ (name of the hospital/Lab).

Contd...2

(f) that I called on Doctor _____ for specialist consultation and that the necessary approval of the _____ (name of the Chief Administrative Officer /Administrative Medical Officer of the State) as required under the rules was obtained.

**(SIGNATURE & DESIGNATION OF THE MEDICAL OFFICER
IN-CHARGE OF THE CASE AT THE HOSPITAL)**

P A R T- 'B'

I, certify that the patient has been under treatment at _____ hospital and that the 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-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

Place : _____ Hospital

Dated: _____

Note: *Certificate not applicable should be struck off, certificate (d) is compulsory and must be filled in by the Medical Officer in all cases.*

**The minimum of facilities certificate may be signed either by the Medical Superintendent of the hospital concerned or another gazetted Medical Officer who has been authorized in this behalf by the Medical Superintendent.*