

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 do not include proprietary 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;

Name of medicines	Price
1.
2.
3.
4.

- (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, laboratory tests, etc., for which an 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 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 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 patients' treatment.

Medical Superintendent

Place

.....Hospital

NOTE --- Certificates not applicable should be struck off. Certificate(d) is compulsory and must be filled in by the Medical Officer in all cases.