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, _____ 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 preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants ;

Name of medicines	Prices

(c) that the injections administered were / were not for immunizing 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 patient's treatment.

Medical Superintendent

_____*Hospital*

Place : _____

** The 'minimum 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 of the Medical Superintendent.*