

## CERTIFICATE - B

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

### P A R T - A

1. Dr..... hereby certify.

(a) that the patient was admitted on my advice Dr. ....  
.....

(b) that the patient was been under treatment at .....hospital and that the under mentioned medicines prescribed by me in this connection were essential for the recovery/ prevention of serious deterioration in the condition of the patient. The medicine are not stocked in the .....hospital for supply to private patient and do not include proprietary preparation for which cheaper substances of equal therapeutic value are available , nor preparations which are primarily foods, foods or disinfestations:

Name of Medicines	Piece	Rs.	P.
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Total:

(c) that the injections administered was / were not for immunizing or prophylactic purpose.

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

(e) that the X-Ray, laboratory test etc. for which expenditure of Rs..... was incurred were necessary and were undertaken on my advice at .....hospital

(f) that I called in Dr.....for specialist consultation and that the necessary approval of Dr..... the 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  
P.T.O.

**P A R T - B**

I certified that the patient has been under treatment at the .....hospital and that the service of 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 certified 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.

Place.....

Medical Superintendent

Date .....

.....Hospital

# Certificate 'B'

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

## PART A

I, Dr.....hereby certify.

(a) that the patient was admitted on my advice Dr.....

(b) that the patient was been under treatment at.....hospital 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 medicine are not stocked in the..... hospital for supply to private patient and do not include proprietary preparation for which cheaper substances of equal therapeutic value are available, nor preparations which are primarily foods, foods or disinfectations :

Name of Medicines

Price Rs.

P.

1  
2  
3  
4  
5  
6  
7

(c) that the injections administered was/were not for immunising or prophylatic purpose.

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

(e) that the X-Ray, laboratory test etc. for which expenditure of Rs .....was incurred were necessary and were undertaken on my advice at .....hospital

(f) that I called in Dr.....for specialist consultation and that the necessary approval of Dr..... the 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

P.T.O.



PART B

I certified that the patient has been under treatment at the.....  
.....hospital and that the service of 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 certified 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.

Place.....

Medical Superintendent

Date.....

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