### **CERTIFICATE - B**

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

### PART-A

1.	Dr hereby certify.
(a)	that the patient was admitted on my advice Dr.
(b)	that the patient was been under treatment at
1	Name of Medicines Piece Rs. P.
1. 2.	
3.	
4.	
5.	
6.	
7.	
Tota	al:
(c)	that the injections administered was / were not for immunizing or prophylactic purpose.
(d)	that the patient is / was suffering from
(e)	that the X-Ray, laboratory test etc. for which expenditure of Rs was incurred were necessary and were undertaken on my advice athospital
(f)	that I called in Dr

## PART-B

	I (	certified			patient			under	treatment the service	at th	
receip	ts at		expendere esse	diture	of Rs			was	incurred vid ous deteriora	e bills an	ıd
						Si	ignature		edical Officer the case at th	_	_
					COUN	TERS	INGED				
									Medical Supe	rintender	пt
										Hospita	al
						Hospita	al and t	hat the	treatment facilities prov		
		Place	ē	••••••				]	Medical Supe	rintender	nt
Date .	••••								Hospital		

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.

# Certificate 'B'

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

## PART A

1. Drhereby certify.	
a) that the patient was admitted on my advice Dr.	
b) that the patient was been under treatment at	e
Name of Medicines Price Rs.	pi.
i 2 CHANGES (197-100)	
3	
4 5	
6	
7	
(c) that the injections administered was/were not for immunishing or prophylatic purpose.	
(d) that the patient is/was suffering from.,	000
and is/was under my treatment from to to	
(e) that the X-Ray, laboratory test etc. for which expenditure of Rswas incurred	d
were necessary and were undertaken on my advice at	al
(f) that I called in Dr	n
and that the necessary approval of Dr	000

Signature and Designation of the Medical Officer-in-charge of the case at the hospital

#### PART B

	spital and that the service of special nurses for which
an expenditure of Rswas in	curred vide bills and receipts attached were essential
for the recovery/prevention of serious deterio	ration in the condition of the patient.
	A Draw Commence of the Commence of the Assessment of the Commence of the Comme
	Signature of the Medical Officer-in-charge
	of the case at the Hospital
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	hospital
	to this Zool and the operand to very sub-time to
I contified that the national hands	tric sprengrapi, cobes cruss basev assessa sure
r certified that the patient has been unde	r treatment at the
	al and that the facilities provided were the minimum
which were essential for the patient's treatme	ent.
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Place	Medical Superintendent
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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.