CERTIFICATE 'B'

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

Certificate granted to Mr./ Mrs./ Miss.....

Wife/ Son / Daughter of Mr.....

Employed in the .....

PART 'A'

(To be signed by the Medical Officer Incharge of the.....

.....*Case of the Hospital)*

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 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 medicines are not stocked in the ..... (name of the hospital) for supply to private patient and do not include proprietary preparation for which cheaper substance of equal therapeutics value are available nor preparation which are primarily foods, toilets or disinfectants.

	Name of medicine	*Price*
1.	....	.....
2.	.....	.....
3.	.....	.....
4.	.....	.....
5.	.....	.....
6.	.....	.....

(c) that the injection administered were/were not for immunising of 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
Special; consultations and that the necessary approval of the .....
(name of the Chief Administrative Medical Officer of the state) as required the rules, was obtained.

.....
Signature and Designation of the Medical Officer
Incharge 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.

.....
Countersigned
Medical Superintendent

.....
Signature of the Medical Officer
Incharge of the case at the Hospital

.....Hospital

Essentially Certificates.

I certify that 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.