

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

(To be signed by the Medical Officer incharge of the case at the hospital)

1. I Dr. hereby certify

**(a) That the patient was admitted to hospital on my advice/ advice of
.....
(Name of Mdical Officer)**

**(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 on the patient.**

**2- The medicines are not stocked in the
..... for supply to private patients and do not include
proprietary preparations for which cheaper substances of equal
thereapeutic value are available not preparations which are primarily
fods, toilets.**

SL. No.	NAME OF MEDICINES	PRICE
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.

(e) that the patient is/was suffering from and is/was under my treatment fromto

(f) that the patient is/was not given prenatal or postnatal treatment.

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

(h) that I referred the patient to Dr. for specialist consultation and that the necessary approval of the(Name of the Chief) as required under the rules (Administrative Medical Officer of State.)

(i) that the patient did not required hospitalisation.....required.

Dated.....

Signature & Designation of the Medical Officer and hospital dispensary to which attached.

N.B. : Certificates not applicable should be struck off. Certificates (a) is compulsory and must be filled my by the Medical officer in all cases.

COUNTERSIGNED

Medical SuperinteandentHospital

I certify that the patient has been under treatment at thehospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Place : Dated :

Medical SuperintendentHospital