

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./Dr. employed in the

PART – A

(To be signed by the medical officer in charge of the _____ case of the hospital).

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 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 patients and do not include proprietary for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toiletries or disinfectants.

Sl.No.	Name of medicines	Price
---------------	--------------------------	--------------

- (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
- (e) That the x-ray, laboratory tests etc. for which an expenditure of -----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

ESSENTIAL CERTIFICATE FOR OUTDOOR EMERGENCY TREATMENT

I certify that the patient Master has been given emergency treatment the (name of the clinic/Nursing Home/Hospital) for (Disease) and that the medicines/treatment/facilities provided to him/her were essential for immediate recovery/prevention of serious deterioration in the condition of the patient. For this emergency treatment a fee and hospitalization charges of has been charged from him/her vide bill(s) Cash Memo No..... dated and he/she—has incurred an expenditure of on essential medicines immediately required for emergency treatment and purchased by him/her from the market vide bill(s)

**SIGNATURE OF THE PRACTITIONER
MEDICAL OFFICER INCHARGE OF
THE HOSPITAL/NURSING HOME/
CLINIC MEDICAL SUPERINTENDENT**

Countersigned (By Name)

(AUTORISED MEDICAL ATTENDANT)