

## 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

1. Dr-----hereby certify

(a) That the patient was admitted to hospital on the advice of-----

----- (Name of medical officer)

(b) That the patient has been under treatment at-----

-----and that the

Under mentioned medicines prescribed by me in the connection were essential for the recovery/prevention of serious deterioration in the condition of the patient .The medicines are not stocked in the-----for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfections:

Name of medicine	Price	Name of medicine	Price
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(c) The injection administered were/was not for immunizing or prophylactic purpose

(d) That the patient is/was suffering from-----and

Under my treatment from-----to-----

(e) That X-ray, laboratory tests, etc for which an expenditure of Rs-----  
was incurred were necessary and were undertaken on my advice at-----  
----- (Name of the hospital or laboratory)

(f) That referred the patient to 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 was  
obtained

Signature and designation of the  
medical officer in charge 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  
-----hospital

I identify that the patient has been under treatment at the provided were the-----  
-----hospital and that facility provided were the  
minimum were essential for the treatments

Place: Medical superintendent  
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 case