CERTIFICATE "B"

(Appendix-XIV of Swamy;s Compilation of the Medical Attendance Rules- 2009-Edn.)

(To be completed in the case of patients who are admitted to Hospital for treatment)

Certificate granted to Dr./Mr. / Mrs. / Miss_____
Son/ Daughter/ Wife/ Father/ Mother of Mr./ Mrs./_____
Employed in _____.

PART 'A'

I, Dr._____here by certify:-

(a) that the patient was admitted to hospital on the advise of Dr._____/on my advice;
(Name of the Medical Officer)

(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 _____for supply to private patients and
(Name of the Hospital)
do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparation which are primarily food, toilets or disinfectants.

Sl. No	Name of Medicines	Price	Sl. No	Name of Medicines	Price

(c) that the injections administered were/were not for immunising or prophylactic purposes;

(d) that the patient is/ were suffering from_____.and is/was under treatment from_____ to _____;
.

(e) that the X – Ray, Laboratory test, etc., for which an expenditure of Rs. _____was incurred were necessary and were undertaken on my advice at _____
(Name of the Hospital or Laboratory)

ESSENTIALITY CERTIFICATES

(f) that I called on Dr._____for Specialist consultation and that the necessary approval of the _____as
(Name of the Chief Administrative Medical Officer of the State)
required under the rules, was obtained.

Signature and Designation of the Medical Officer-in-charge
Of the case at the Hospital
With Seal

Contd. at P.2

PART 'B

I certify that the patient has been under treatment at the_____ Hospital and that the services 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 conditions of the patient.

Signature and Designation of the Medical Officer-in-charge
Of the case at the Hospital
With Seal

COUNTERSINGED

_____
Medical Superintendent
Of the Hospital with seal

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

Place_____ _____.
Medical Superintendent

Date_____ _____Hospital
Or another Gazetted Medical Officer who has been
Authorized in this behalf by the Medical Superintendent

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