PART-A

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 patients and do not include Proprietary preparations for which cheaper substances of equal therapeutic values are available nor preparations which are primarily foods, toilets or disinfectants.

c. That the injections administered were/ were not for immunizing of prophylactic purposes.
d. That the patient is/was suffering from .............................................................. and is/was under treatment from ................................................ to ................................................

d. If a case, prior to the patient's treatment, the patient was under the care of a specialist, the name of the specialist and the relevant details should be provided.

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

f. That I called on Dr. ...................................................... For specialist consultation and that the service of the incurred vide bills and receipts attached, were
necessary approval of the .............................................................. (Name of the Chief Administrative
Medical Officer of the State) as required under the rules, was obtained.

PART-'B'

Signature and Designation of the Medical Officer in charge of the Case at the hospital

I certify that the patient has been under treatment at the .............................................................. at the special nurses for which an expenditure and that the service of the incurred vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Signature of the Medical Officer in charge of the Case at the hospital.

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

Certificate (d) is compulsory and must be filled in by the Medical Officer in all cases.