

ESSENTIALITY CERTIFICATE

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

I, Dr. ----- hereby certify-

(a) That the patient was admitted to hospital on the advice of ----- (name of the Medical Officers)/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 value are available nor preparations which are primarily foods, toilets or disinfectants;

Name of medicines	Price
1. -----	-----
2. -----	-----
3. -----	-----
4. -----	-----
5. -----	-----

(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 ----- to -----;

(e) that the X-ray, laboratory test, etc., for which and expenditure of Rs. -----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

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.

Signature of the Medical Officer in charge
of the case at the hospital

COUNTERSIGNED

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.

Place -----

Medical Superintendent
-----Hospital