

ESSENTIALITY CERTIFICATE - CERTIFICATE B

(To be completed in the case of patient who are admitted to hospital for treatment)

Certificate granted to Mr./Miss./Mrs. wife/son/
daughter of Mr..... employed in the

PART - A

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

I, Dr. hereby certify :-

- a) that the patient was admitted to hospital on the advice of/ on my advice

.....

(Name of the Medical Officer)

- b) that the patient has been under treatment at
and that the undermentioned medicines prescribed by me in this connection were essential for recovery/
prevention of serious deterioration in the condition of the patient. The medicines are stocked in the
..... (Name of the hospital) for supply to private patients
and do not include proprietorial preparations for which cheaper substance of equal the repeat as 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 immunising or prophylactic purposes.

- d) that the patient is/was suffering from and
is/was under treatment from to

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

- f) that I called on Dr. for specialist consultant and 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

MEDICAL SUPERINTENDENT

..... HOSPITAL

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

MEDICAL SUPERINTENDENT

..... HOSPITAL