

8/1

CERTIFICATE B

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

PART-A

(To be signed by the Medical Officer-in-charge of the case at the hospital)

I Dr. Radha Jina hereby certify

- (a) that, the patient was admitted to hospital on my advice/the advice of
.....(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(name of hospital) and do not include proprietary preparations for which for which cheaper substances of equal therapeutic value are available for preparations which are primarily foods, toilets or disinfectants.

Name of medicines	Prices
1.
2.
3.
4.
5.
6.
7.

Sl. No. 01 to 12

Rs. 65,645/-

- (c) that, the injections administered were for/were not immunizing or prophylactic purposes.
- (d) that, the patient is/was suffering from Spine Tuberculosis and is/was under my treatment from 08-06-18 to 09-02-19
- (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 hospital or laboratory)
- (f) that I 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 rules was obtained.

Dated:

Signature & Designation of the Medical Officer-in-charge of the case at the hospital.

Dr. Radha Jina
Prof. Obst. & Gynaec
R.R.D. Medical College
Gorakhpur

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. 65,645/- was incurred vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

₹ 62645/- (Sixty Two Thousand Six-Hundred Fourty Five only)

Signature & Designation of the Medical Officer-in-charge of the case at the hospital.

Dr. Radha Jina
Prof. Obst. & Gynaec
R.R.D. Medical College
Gorakhpur

Chief Medical Officer
Gorakhpur

प्रभात दुवे
स्वास्थ्य विभाग

COUNTERSIGNED
Medical Superintendent

..... 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.

Place.....

Medical Superintendent
..... Hospital

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

CERTIFICATE 'B'

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

Part A

I, Dr. R. A. AGRAWAL hereby certify: (a) that the patient was admitted to hospital on my advice/on the advice of DR. R. A. AGRAWAL (name Of Medical Officer).

(b) that the patient has been under treatment at Agaram Orthopaedic Hospital 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) Agaram Orthopaedic 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.

Table with 2 columns: Name of medicines, Price. Row 1: as per list attached, 49651=

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

(d) that the patient was suffering from osteopenia and was under my treatment from 8/4/19 to 15/4/19

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

(f) that I called in Dr. for specialist consultation and that the necessary approval of the (name of the principal Medical Officer), as required under the rules was obtained.

Date Place

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

Part B

I certify that the patients has been under treatment at the Agaram Orthopaedic 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 condition of the patient.

Date Place

Signature and designation of the Medical Officer in charge of at the hospital

Countersigned Principal Medical Officer