

ESSENTIALITY CERTIFICATE

CERTIFICATE 'B'

Under Central Service (Medical Attendance) Rules
(To be completed in the case of patients who are admitted to hospital for treatment)

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

_____.

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 value are available nor preparation which are
primarily foods, toilets or disinfectants:

	Names of medicines	Price
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

(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 an expenditure of Rs. _____ was incurred was necessary and were undertaken on my advice at _____ (name of the 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.

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 and Designation 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 the minimum which were essential for the patient's treatment.

Medical Superintendent
_____ Hospital

Place:

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

*The 'minimum facilities certificate' may be signed either by the Medical Superintendent of the Hospital concerned or another Gazetted Medical Officer who has been authorized in this behalf by the Medical Superintendent.