

ESSENTIALITY CERTIFICATE

CERTIFICATE 'B'

(To be completed in the case of patient 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 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 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.

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

- (c) that the injections administered were not/were for immunizing or prophylactic purposes;
- (d) that the patient is/was suffering from.....and is/was under my 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.

***Signature and Designation of the
Medical Officer incharge 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 their condition of the patient.

***Signature and Designation of the
Medical Officer incharge 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**

NOTE – Certificate not applicable should be struck off. Certificate (d) is compulsory and must be filled in by the Medical Officer in all cases.