

APPENDIX VIII
Form of Certificates A and B

Certificate granted to Mrs./Mr./Miss.....
.....wife/Son/Daughter of Mr.
employed in the

CERTIFICATE A

(To be completed in the case of patients who are not admitted to hospital for treatment)

I Dr. hereby certify
(a) that I charged and received Rs.for consultation on
..... (dates to be given) at my consulting room at the
residence of patient.

(b) that I charged and received Rs.for administering
.....intra-muscular-injections on..... sub-cutaneous at
my consulting room.....at the residence of the patient.

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

(d) that the patient has under treatment at hospital/ my consulting room and the undermentioned medicines prescribed by me in this connection were essential for the recovery/ prevention of serious, deterioration in the condition on the patient. The medicines are not stocked in the v.v. for supply to private patient.....
(name of the hospital) and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily/foods, toilets or

<u>NAME OF MEDICINES</u>	<u>PRICE</u>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

(e) that the patient is/was suffering from and is/
was under my treatment fromto

(f) that the patient is/was not given prenatal or postnatal treatment.

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

(h) that I referred the patient to Dr. for specialist consultation and that the necessary approval of the
.....(Name of the Chief)
..... as required under the rules (Administrative Medical Officer of State.)

(i) that the patient did not required hospitalisation.....required.

Dated.....

Signature & Designation of the
Medical Officer and hospital
dispensary to which attached.

N.B. : Certificates not applicable should be struck off.

Certificates (a) is compulsory and must be filled my by the Medical officer in all cases.

COUNTERSIGNED

Medical Superinteandent
.....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.

Place :
Dated :

Medical Superintendent
.....Hospital