

FORM 'B'

Certificate granted to

_____ (Self) of
_____ employed in

CERTIFICATE 'B'

(To be issued in the case of patient who are admitted to Govt. Hospital for treatment)
I, Dr.

_____ hereby certify that:

- a) This Patient is treated by Dr. _____ has admitted in the Hospital.
- b) The patient has been under treatment at _____ /My Consulting Room and that, The under mentioned medicines prescribed by me in this condition of the patient. The medicines prescribed are included in the category of medicines which are reimbursable under G.R.NO.MAG/1058/60511/(a) P, dated-11.02.1971, (ii) MAG/1058/60072/(a) P, dated 29.04.1972, and (iii) MAG/1072/60072/S, dated 24.09.1973, and are not stocked in the _____ for supply to patients and do not include proprietary preparation for which cheaper substance of equal therapeutic value are available for preparations which are primarily foods tonics or disinfectants.

A	PARTICULARS	VR.NO.	AMOUNT
1)			
		Total (A)	

Place:
Date:

Signature of Medical Officer
Hospital Stamp

B)	MEDICINES NAME OF DRUG	CAF NO.	QTY. Per DAY	QTY. REQ	AMOUNT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
Total of (B)					
Total (A+B)					
i.e.					

- c) This the Patient is / was suffering from _____ and is / was under my treatment from _____
- d) That, the X-Ray, Laboratory, Tests etc. for which an expenditure of Rs. _____ was incurred were necessary and were undertaken on my advice

At _____.

Place:

Date:

**Signature of Medical Officer
Hospital Stamp**