

ESSENTIALITY CERTIFICATE 'B'

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

PART - A

Certificate granted to Mr./Mrs./Miss. _____

father/mother/sister/brother/wife/son/daughter of Mr./Mrs./Miss. _____

employed as _____ in the (Dept./Sec.) _____

at National Institute of Technology Goa.

I, Dr. _____ hereby certify :-

- (a) that the patient was admitted to hospital on the advice of Dr. _____ / on my advice;
- (b) that the patient has been under treatment at _____ 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 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 the medicine(s)	Quantity	Price		Names of the medicine(s)	Quantity	Price
01				06			
02				07			
03				08			
04				09			
05				10			
NB : Attach a separate sheet if needed.				Grand Total Rs.			

- (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 my treatment from _____ to _____;
- (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 the _____ hospital
- (f) that I called in Dr. _____ for Specialist consultation.
- (g) All the bills have been verified and signed by me.

Date : _____

Signature of the Medical Officer in Charge

PART - B

I hereby 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. _____ was incurred vide bills and receipts attached were essential for the recovery / prevention of serious deterioration in the condition of the patient.

Date : _____

Signature of the M.O. in Charge of the case

COUNTERSIGNED

I certify that the patient has been under the treatment at the _____ hospital and the facilities provided were the minimum which were essential for the patient's treatment.

Place : _____

Signature of the Medical Superintendent : _____

Date : _____

Name of the Hospital : _____