

- (c) That the injections administered was/were not for immunizing or prophylactic purposes.
 - (i) That the patient is/was suffering from and is/was under my treatment from..... to
 - (m) That the X-Ray, Laboratory etc. for which an expenditure of undertaken on my advice at.....
(Name of the hospital or Laboratory)
 - (n) That referred the patient to Dr..... for specialist consultation and that the necessary approval of the
(Name of the Chief Administrative Medical Office of the State)..... as required under the rules was obtained.

Signature and designation of the
Medical Officer in Charge of the
Case at the hospital

Part "B"

I Certify that the patient has been under treatment at the hospital and that the services of the special unrses, for which an expenditure of Rest.....was incurred vide bills and receipts attached were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Signature of the Medical Officer in charge
of the case at the hospital

COUNTERSIGNED

Medical Superientendent
Hospital

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

Medical Superientendent
Hospital