

# ESSENTIALTY CERTIFICATE 'A'

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

Certificate granted to Dr./Mr./Mrs./Miss .....wife/father/son/daughter

of ..... employed in the

I, Dr. .... hereby certify :-

- (a) That I charged and received Rs. .... for consultations on ..... ( dates to be given) at my consulting room/at the residence of the patient.
- (b) That I charged and received Rs. .... for administering ..... Intra-venous/intramuscular/subcutaneous injection on .....(dates to be given) at ..... my consulting room/the residence of the patient.
- (c) That the injections administered were nor/were for immunizing or prophylactic purposes.
- (d) That the patient has been under treatment at ..... Hospital /my consulting room and that the undermentioned medicines prescribed by in me in this connection were essential for the recovery/prevention of serious deterioration in the conditions of the patient. The medicines are not stoked in the .....for supply to private patients and do not include proprietary preparations for which cheaper substances of equal the rapeutic value are available not preparations which are primarily foods, toilets or disinfectants.

	Name or medicines	Price	Cash Memo No. Date
1-			
2-			
3-			
4-			
5-			
6-			
7-			
8-			
9-			
10-			
11-			
12-			

- (e) That the patient is/was suffering from.....and is/was under my treatment from..... to .....
- (f) That the patient is/was not given pre-natal or post-natal treatment.
- (g) That the X-ray, laboratory test etc. For which an expenditure of Rs. .... Was incurred was necessary and were under taken on my advice at .....(name of the 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 Administrative Officer of the state) as required under the rules, was obtained.
- (I) That the patient did not require/redeuired hospitalization.

Date .....

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