

ESSENTIALITY CERTIFICATE

Certificate granted to Mr./Mrs./Miss.....
 Son/Daughter/Wife/Father/Mother of Mr./Mrs./Miss.....
 employed in.....

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..... consultations on.....
 at my consulting room/at the residence of the patient.
- (b) that I charged and received Rs..... for administering
 intravenous/intramuscular/subcutaneous injections
 on..... at my consulting room/at the residence of the patient.
- (c) that the injections administered were/were not for immunising or prophylactic purposes.
- (d) that the patient has been under treatment at my consulting room and that the undermentioned medicines prescribed by me in this connection were essential for the recovery of the patient.

The medicines are not stocked in the Government.....
 Hospital
 for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods, toilets or disinfectants.

Sl. No.	Name of Medicines	Price		Sl. No.	Name of Medicines	Price	
		Rs.	P.			Rs.	P.

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

(f) that the patient was/was not given pre-natal treatment.

(g) that the X-ray, laboratory test, etc., for which an expenditure of Rs..... was incurred was necessary and were undertaken 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 Medical Officer of the State) as required under the rules was obtained.

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

(j) that the mixture/ointment/powder entered at serial () under certificate (d) could not be dispensed at the hospital and the patient was advised to buy it from the market.

(k) that the period of treatment/No. of injections in excess of the prescribed one was/were essential for the complete recovery of the patient.

Date

Signature, Designation & Regd. No. of the Medical Officer & the Hospital/Dispensary to which attached

N.B.—Certificates not applicable should be struck off. Certificate (e) is compulsory and must be filled in by the Medical Officer in all cases.