

ESSENTIALITY CERTIFICATE 'A'

**TO BE COMPLETED IN THE CASE OF PATIENT WHO IS NOT ADMITTED TO
HOSPITAL FOR TREATMENT**

Certificate granted to Shri/Smt./Kumari _____
son/wife/daughter of Shri _____ employed
in the Office of the _____

I, Dr. _____ hereby certify :

(a) that I charged and received Rs. _____ (Rupees _____
_____ only) for _____ consultation (s) on _____ at
my consulting room/at the residence of the patient.

(b) that I charged and received Rs. _____ (Rupees _____
_____ only) for administering _____ intravenous/
instramuscular/subtaneous injections on _____ at my consulting
room/at the residence of the patient.

(c) that the injections administered were not for immunising or prophylactic purpose.

(d) that the patient has been under treatment at _____
_____ Hospital/my consulting room and that the undermentioned 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 suppy to private patients and do not include properietary preparations for which cheaper substances of equal
therapeutic value are available for preparations which are primarily foods/toiletaries or disinfectants.

NAME OF MEDICINES

S.No.	Name & quantity	price	S.No.	Name & quantity	price
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- (e) that the patient is/was suffering from _____
and is/was under my treatment from _____ to _____.
- (f) that the patient was not treated for :
i) Immunising and prophylactic purposes.
ii) Sterility or sterilisation.
iii) Veneral diseases and delirium treatment.
- (g) that it was/not a case of :
i) Pre-natal or post-natal, routine check-up.
ii) Testing of eyesight for glasses.
- (h) that the X-ray, laboraroty test, etc. dated _____ for which the expenditure of Rs. _____ was incurred, were necessary and were undertaken on my advice at the _____ which is a Government hospital laboratory.
- (i) that the patient did not require/required hospitalisation.
- (j) that I am of equivalent rank/immediately junior in rank to the A.M.A. and on attached to the same hospital as he is, viz. _____
hospital _____
- (k) that the ointment/mixture, entered at item _____
under certificate.
- (l) on reverse could not be dispensed at the Government Hospital/laboratory and the patient was advised to purchase it from marked.
- (m) that I referred to the patient to the _____ Hospital which is nearest Government/State-aided/maintained by local authority/private hospital from the place where the patient fell ill which, in my opinion, Could provide the necessary suitable treatment.
- (n) that I referred the patient to Dr. _____
specialist/M.O. in Government employ in the _____
for specialist consultation and that the necessary approval of the _____
_____ as required under the rules was obtained
vide his letter/memo No. _____ dated _____.

Place :

Date :

Signature and designation of the
Medical Officer and the Hospital/
Dispensary to which attached.