

## ESSENTIALITY CERTIFICATE CERTIFICATE "A"

To be completed in the case of patients who are not admitted to Hospital for Treatment

Certificate granted to Mrs/Mr./Ms./.....Wife/Son/Daughter of  
Mr/Mrs/Ms.....employed in the office of.....

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.....intravenous/intramuscular/subcutaneous injection on .....(dates to be given) at..... my consulting Room/at the residence of the patient
- c) That the injections on administered were not /were for immunizing or prophylactic purpose
- d) That the patient has been under treatment at.....Hospital/my consulting room and that the under mentioned medicine prescribed by me on this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient' The medicines are not stocked in the.....(name of hospital for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are not available nor preparations which are primarily foods, toilets or disinfectants

Sl.No	Name of Medicines	Quantity	Price (Rs)	Cash memo details
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

### X-ray Laboratory Test etc.

Sl.No	Name of Medicines	Quantity	Price (Rs)	Cash memo details
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

- c) That the Patient is/was suffering from..... and is/was under my treatment from.....to.....That the patient is/was not given parental or postnatal treatment.
- f) That the X-ray, Laboratory Tests etc for which on expenditure of Rs..... Rupees.....) was incurred necessary and were undertaken on my advice at.....(name of the hospital/laboratory)
- g) 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 the rules was obtained.
- h) That the patient did not required hospitalization.

Date.....

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