

ESSENTIAL CERTIFICATES 'A'

Certificate granted to Mrs./Mr./Misswife/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 residing of the patient.
- (b) That I charged and received Rs..... For administering intravenous/intra-muscular/subcutaneous injections on(dates to be given) atmy consulting room/ the residence of the patient.
- (c) That the injections administered were not/were for immunizing or prophylactic purposes.
- (d) That the patient has been under treatment athospital/my consulting room and that the under mentioned 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 (name of the 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.

Qty	Name of medicines (in capital letters)	Price	Qty	Name of medicines (in capital letters)	Price

- (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 undertaken on my advice at(name of 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/required hospitalization.

Dated.....

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