

ESSENTIALITY CERTIFICATE

CERTIFICATE 'A'

Under Central Service (Medical Attendance) Rules
(To be completed in the case of patients who are not admitted to hospital for treatment)

Certificate granted to Mrs./Mrs./Miss. _____ wife/son/daughter of
Mr. _____ employed in the _____

_____.

I, Dr. _____ hereby certify _____

- (a) that I charges and received Rs. _____ for _____ consultation on _____ (dates to be given) at my consulting room/at the residence of the patient;
- (b) that I charged and received Rs. _____ for administering _____ on _____ intravenous/intra-muscular/subcutaneous injection on _____ (dates to be given) at _____ my consulting room/the residence of the patient;
- (c) that the injection administered were not/were for immunising or prophylactic purposes;
- (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 _____ (name of 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.

Names of medicines

Price

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

- (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 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/required hospitalisation.

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

Dated: _____