

ESSENTIAL CERTIFICATE 'A' & 'B'

Certificate granted to Mr./ Mrs./ Miss.....

Wife / Son / Daughter of Mr.....

Employed in

CERTIFICATE 'A'

(To be completed in the case of Patients who are not admitted to hospital for the treatment

1. Dr.....here by certify :-
- (a) that I charged and received Rs.....for Consultations.
 - (b) that I Charged and received Rs.....for administeringintravenous/ Intra-muscular /subcutaneous injection on.....at my consulting room (dates to be given the residence of the patients).
 - (c) that the injection admistered /were/were not immunizing or prophylactic purposes.
 - (d) that the patient has been under treatment at.....hospital my consulting room and that the under mentioned medicines prescribed by me in connection were essential for the recovery/ prevention of serious deterioration in the condition of the patient.
The medicines do not include proprietary preparation for which cheaper substances of equal therapeutic value for preparation which are primarily foods, toilets or disinfectants.

	<i>Name of medicine</i>	<i>Price</i>
1.
2.
3.
4.
5.
6.

- (e) that the patient is/was suffering from..... and is/was under my treatment from.....
- (f) that the patient is / was not given prenatal or postnatal treatment.
- (g) that the X-Rays, Laboratory test, etc. for which and expenditure of Rs..... was incurred was necessary and under taken on my advise at.....(Name of the hospital or laboratory).

(h) that I reference the patient to Dr.....
.....specialist consultation.

(i) that the patient did require/ required hospitalization.

Date.....
.....

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

N.B. Certificate not applicants should be struck off.
Certificate (s) is compulsory and must be filled in by the Medical Officer in all cases.

NOTE 1. The above Certificate may be deemed to be regular receipts for the payment received by the Medical Officer who will be required to affix a revenue stamp on the essentiality receipts (Stamp where necessary would however be necessary from the specialists for consultation with them, who do not sign the Essentiality Certificates.

NOTE 2. Where the receipts issued by the Government Hospital are not authorized forms (Printed and numbered and the amount of these receipts is incorporated in the body or the essentiality Certificates counter-signature of such receipts need not be insisted upon.

CERTIFICATE 'B'

(To be completed in the case of patient who are admitted to hospital for treatment)

Certificate granted to Mr./ Mrs./ Miss.....
Wife/ Son / Daughter of Mr.....
Employed in the

PART 'A'

(To be signed by the Medical Officer Incharge of the.....
.....Case of the Hospital)

1. Dr.....hereby certify :-
(a) that the patient was admitted to hospital on the advice of.....
.....(name of the medical officer) on my advice.

(b) that the patient has been under treatment atand
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 patient and do not include proprietary preparation for which cheaper substance of equal
therapeutics value are available nor preparation which are primarily foods, toilets or disinfectants.

Name of medicine

Price

- | | |
|---------|-------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |

(c) that the injection administered were/were not for immunising of prophylactic purposes.

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

(e) that the X-Ray, Laboratory tests, etc., for which an expenditure of Rs.....
was incurred were necessary and were undertaken on my advice at.....
..... (name of hospital or laboratory).

(f) that I called on Dr.....for
Special; consultations and that the necessary approval of the
(name of the Chief Administrative Medical Officer of the state) as required the rules, was obtained.

.....
*Signature and Designation of the Medical Officer
Incharge of the case at the Hospital.*

PART 'B'

I certify that the patient has been under treatment at the.....
hospital and that the service of the special nurses for which an expenditure of Rs.....
.....was incurred, vide bills and receipts attached, were essential for the recovery/ prevention
of serious deterioration in the condition of the patient.

.....
Countersigned
Medical Superintendent

.....
Signature of the Medical Officer
Incharge of the case at the Hospital

.....Hospital

Essentially Certificates,

I certify that patient has been under treatment at the
Hospital and that the facilities provided were the minimum which were essential for the patient's treatment

.....
Medical Superintendent

Place.....Hospital.