

ESSENTIALITY CERTIFICATE

CERTIFICATE 'A'

Patient Name.....Relation.....

Certificate granted to Mr. / Mrs. / Miss_____

wife / son / daughter of Mr. / Mrs._____ employed

in **MAITREYI COLLEGE**, Chanakya Puri, New Delhi-110021

I, Dr._____ hereby certify :

(a) That I charged and received Rs._____ for _____ consultation on_____ (dates to be given) at my consulting room/at the residence of patient.

(b) That I charged and received Rs._____ for administering_____ intra muscular injection of substaneous on _____ at the residence of the patient / my consulting room.

(c) That injection administered was / were not immunising or probhylactic 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 _____ for supply to private
(Name of the Hospital)

patients and do not include proprietary preparatios for which cheaper substances of equal therpeutic value are available nor preparations which are primarily foods, toilets of disinfection.

S.No.	Name of Medicine	Price
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____

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 treatment;

(g) That the Ex-ray Laboratory test etc. for which an expenditure of Rs. _____ was
incurred were 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 _____ as
required

(Name of the Chief Administrative Medical Officer of the State)

under the rules was obtained.

(i) That the patient did not require / required hospitalisation.

Signature & Designation of the
Medical Officer and Hospital
Dispensary to which attached with seal.

Dated :- _____

N.B. Certificate not applicable should be struck off. Certificate is compulsory and must be filled in by the Medical
Office in all cases.