APPENDIX -XI

ESSENTIALITY CERTIFICATE

CERTIFICATE 'A'

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

Certificate granted to Mr/Mrs./Miss_____

wife/son/daughter of Shri/Smt. _____ employed in the

_____ I, Doctor,

_____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

_____ intra-venous/intra-muscular/subcutaneous injections

on _____ (dates to be given) at _____ my 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 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 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.

Name of Medicines	**Price**
1. _____	Rs._____
2. _____	Rs_____
3. _____	Rs_____
4. _____	Rs_____

(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 amount of Rs._____   was

incurred was necessary and were taken on my advice at _____

_____(name of the hospital or laboratory).

(h) That I referred the patient to Doctor _____ 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 (i)

obtained.

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

(SIGNATURE & DESIGNATION OF THE MEDICAL OFFICER)

Dated: AND HOSPITAL/DISPENSARY TO WHICH ATTACHED

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