

**ESSENTIALLY CERTIFICATE- A**

Certificate granted to Sh. /Mr. /Mrs.....wife/son/daughter/mother of Mr/Dr.....employed in PDFSR, Modipuram.

I Dr. ....hereby certified

- a) that I charged and received Rs.....for consultations on .....(dated to be given) at my consulting room/at the residence of the patient
- b) that I charged and receive Rs.....for .....(no. of inj). Administered the intravenous/intramuscular injection on dated.....at my consulting room 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.....hospital/my consulting room and tht the under mentioned medicines prescribed by me in this connection were essential for recovery and prevention of patient. The medicines are not stocked in the .....hospital/clinic for supply to private patient an do not include proprietary preparations for which cheaper substances of equal therapeutic value are available not preparations which are primary foods or disinfectants.

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S.No.	Name of Medicine	Tab/Cap/Syp	Qty	Cost
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- e) that the patient is/was suffering from.....is was under my treatment from.....to.....
  - f) that the patient is was not given, pre/postnatal treatments
  - g) That the X-ray laboratory tests, etc. for which an expenditure of Rs. ....was incurred was necessary and under/taken on my advice at .....( hospital name)
  - h) That I referred the patient to Dr.....specialist consultation and that the necessary approval of the .....(name of the chief medical officer of the State) as required under the rules was obtained.
  - i) that the patient did not require for hospitalization

Dated  
Officer

Signature of Medical

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A.M.A. with rubber seal