

APPENDIX XIII  
Essentiality Certificate 'A'

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

Certificate 'A'

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

1. Dr \_\_\_\_\_ hereby certify

(a) that I charged and received Rs. \_\_\_\_\_ for consultations on \_\_\_\_\_ (dates to given) at my consulting room / at the residence of the patient.

(b) that I charged and received Rs. \_\_\_\_\_ for administering \_\_\_\_\_ Intravenous/Intramuscular/Subcutaneous/Injections on \_\_\_\_\_ at \_\_\_\_\_ my consulting room at residence of the patient  
(date to given)

were

(c) that the injections administered \_\_\_\_\_ for immunising or pro-phlactic purpose  
were not

(d) that the patient has not under treatment \_\_\_\_\_

\_\_\_\_\_ Hospital and that undermentioned medicine prescribed by me in this  
my consulting room connection were essential for the recover/prevention of serious  
deterieration in the condition of the patient.

(e) the medicines are not stocked in the \_\_\_\_\_  
(Name of the Hospital)

for supply to private patient and to so not include proprietary preprations for which cheaper substances of equal thereapeutic value are available not preparation which primarily fods toilets or disinfectants.

Name of medicines	Price
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

(f) that the patient is/was suffering from \_\_\_\_\_ and is/was under my treatment from \_\_\_\_\_ to \_\_\_\_\_.

(g) that the patient is/was not given pre-nature treatment.

(h) that the X-Ray, laboratory and test etc. for with an expenditure of Rs \_\_\_\_\_ was incurred was necessary and where undertaken on my advice at \_\_\_\_\_

(i) that I referred the patient to Dr \_\_\_\_\_ for specialists consultation and that the necessary approval of the \_\_\_\_\_

(Name of the Chief Admn. Officer of the State)

as required under rules was obtained that the patient did not require  
required

Signature and designation of the  
Medical Officer and Hospital /  
Dispensary to which attached

Dated: