

ESSENTIALITY 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/husband/son/daughter/farther/mother of Mr./Miss..... employed
in the Central Silk Board, Bangalore.

I, certify that

- (a) I charged and received for consultations on (dates to be given) at my consulting room/at the residence of the patient;
- (b) I charged and receivedfor administeringIntravenous/ intramuscular / subcutaneous injections on..... (dates to be given) at..... hospital / my consulting room/ residence of the patient;
- (c) The injections administered were not/were for immunising or prophylactic purposes;
- (d) The patient has been under treatment at/ my consulting room and 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 patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available for preparations which are primarily foods, toilets are disinfectants.

SL.NO.	NAME OF THE MEDICINES	Qty		PRICE

- (e) The patient is/was suffering from
and is/was under my treatment from to
- (f) The patient is/was not given pre-natal or post-natal treatment;
- (g) The X-ray laboratory test, etc. for which an expenditure of Rs. /-.incurred was
necessary and were undertaken on my advice
(name of the hospital or laboratory):
- (h) I referred the patient to Dr....for special consultation and that
the necessary approval of the(name of the Chief Administrative
Officer of the state) as required under the rules was obtained;
- (i) The patient did not required hospitalisation

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

Date: