

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. _____
father /mother/sister/brother/wife/son/daughter of Mr./Mrs./Miss. _____
employed as _____ in the (Dept./Sec.) _____
at National Institute of Technology Goa.

I, Dr. _____ hereby certify:-

- (a) that charged Rs. _____ for consultation on _____ (date to be given) at consulting room of _____ (Name of the Hospital)
- (b) that charged Rs. _____ for administering intravenous /intramuscular/ subcutaneous injection _____ (dates to be given) at consulting room of _____ (Hospital)
- (c) that the injection administered are not for immunising or prophylactic purposes;
- (d) that the patient has been under treatment at _____ hospital/clinic and that the under mentioned medicines prescribed 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 Institute Dispensary for supply to private patients and do not include proprietary preparations of which are primarily foods, toilets or disinfectants;

Sl. No.	Names of the medicine(s)	Quantity	Price
01.			
02.			
03.			
04.			
05.			
(Separate sheet should be enclosed in case of Additional medicines)			
Grand Total 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 prenatal and postnatal treatment;
- (g) that the X-ray, laboratory test etc., for which an expenditure of Rs. _____ was incurred were necessary and were undertaken on my advise at the _____
- (h) that I referred the patient to Dr. _____ for Specialists consultation and the patient did not require / required hospitalisation.

Signature of I.M.O. / A.M.A/ M.O.

Dated : _____

Note : *Not applicable should be struck off*