

ESSENTIALITY CERTIFICATE

CERTIFICATE - A

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

Certificate granted to Dr./Mr./Mrs./Miss SHIKHA SAXENA
wife/son/daughter of Mr./Mrs. AVNISH SAXENA
employed in the DISTRICT JUDGE, JHANSI.

- 1. Dr..... hereby certify
 - a) that I charged and received Rs..... for.....consultation on.....(date to be given) at my consulting room/at the residence of the patient/at hospital.
 - b) that I charged and received Rs..... for administering..... intra venous/intra-muscular/subcutaneous injections on..... (date to be given) at hospital/at my consulting room/at the residence of the patient.
 - c) that the injections administered were/were not immunizing or pophylactic purposes.
 - d) that the patient has been under treatment at District Hospital, Jhansi. hospital / my consulting room and that the under mentioned medicines prescribed by me in this connections were essential for the recovery/prevention of serious deterioration in the condition of the patient.

The medicines are not stocked in the Distt. Hospital, Jhansi. (name of hospital) for supply to private patients and do not included proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations which are primarily foods toilets or disinfectants.

<u>Name of Medicines (IN BLOCK LETTER)</u>	<u>Quantity</u>	<u>Price</u>
<u>As per bills attached</u>		<u>Rs. 6106/-</u>
.....
.....
.....

- e) that the patient is / was suffering from ADMC Hypothyroidism and is/was under my treatment from 03-9-2015 08-10-2020
- f) that the patient is / was not given pre-natal treatment.
- g) that the X-ray, laboratory test etc.,for which an expenditure of Rs..... was incurred was necessary and were undertaken on my advice at..... (name of the hospital / laboratory).
- h) that I referred the patient to Dr..... for specialist consultation and that the necessary approval of the(name of the chief Administration officer of the State) as required under the rules was obtained.
- i) that the patient did not require hospitalization.

Signature and Designation of the Medical Officer
Dr. (S) Dr. B. K. ...
M.B.B.S., M.D.

COUNTER SIGNED

I Certify that the patient has been under treatment of the District Hospital, Jhansi. hospital and that the facilities provided were the minimum which were essential for patient's treatment.

Medical Superintendent.
Hospital.
(with Seal) महलीय प्रमुख अधीक्षक
जिला चिकित्सालय झांसी

Place : Jhansi.
Date : 13.10.2020