

CERTIFICATE – ‘A’

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

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

1. Drhereby certify.

(a) That I charged and received Rs.forconsultation on
.....(dates to be given) at my consulting room / at the residence of the patient :

(b) That I charged and received Rs.for administeringintra-
Venous/intra-muscular /subcutaneous injection on (dates to be given)
Atmy consulting room / the residence of the patient:

(c) That the injections administered were not/were for immunizing or prophylactic purpose :

(d) That the patient has been under treatment at hospital/my consulting were
Essential for the recovery / prevention of serious deterioration in the condition of the patient .

The medicines are not stocked in the (name of hospital) for supply to private
Patients and do not include proprietary preparations for which cheaper substances of equal
Therapeutic value are available nor preparations which are primarily foods , toilets or
Disinfectants.

	Name of medicines	price
1.
2.
3.
4.

That the patient is /was suffering from.....and is /was under

My treatment from To

(e) That the patient is /was not given pre-natal or post-natal treatment :

P.T.O.

(f) That the x-ray, laboratory test , etc for which as expenditure of Rs
Was incurred was necessary and were undertaken on my advice at
(Name of the hospital or laboratory):

(g) That I referred the patient to Dr.for specialist consultation and
That the necessary approval of the (Name of the chief Administrative
Officer of the state) as required under the rules was obtained:

(h) That the patient did not require / required hospitalization.

Date

Signature of AMA/Designation

Medical officer and hospital/

Dispensary to which attach