

ANNEXURE -XV  
[See Rule 29 (3)]  
ESSENTIALITY CERTIFICATE  
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/Mrs/Miss \_\_\_\_\_

\_\_\_\_\_ employed in the

I Dr. \_\_\_\_\_ treating doctor/authorized

Signatory of the treating Hospital hereby certify :-

That the patient is suffering from \_\_\_\_\_ and

has been under my treatment for \_\_\_\_\_ from

\_\_\_\_\_ to \_\_\_\_\_ at the

\_\_\_\_\_ Hospital and that the under mentioned medicines prescribed by me in this connection were essential for recovery prevention of serious deterioration in the condition of the patient. The medicine are not stocked in \_\_\_\_\_

\_\_\_\_\_ (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 not preparation which are primarily food, toilets or disinfectants.

Name of Medicines	Price
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

- Hospital service charges
- Investigation
- Consultation Fees
- Surgical procedure (if any)
- (c) Others

Rates

Treating doctor/Authorised  
Signatory of Treating Hospital.

Place:

Date: