

ESSENTIALITY CERTIFICATE

I certified that Mr/Mrs/Miss-----  
Employed in -----  
has been under my treatment of -----disease from  
-----to -----at the -----  
Hospital/ 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 stock in the Hospital for supply to private patients and are not in the  
Hospital not include proprietary preparations for which cheaper substance of equal therapeutic values  
are available, not preparation which are primarily food, toilets or disinfections.

**Name of medicine**

**Price**

**Total (Rupees**

**Date-----**

**Signature & Designation of  
Authorised Medical Attendant**

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