

Certificate granted to Mrs/Mr/Miss _____

Wife/Son/Daughter/Father/Mother of Mr/Mrs _____

Employed in the Office of _____

CERTIFICATE 'A'

(To be computed in the case of Patients who are NOT ADMITTED to Hospital for treatment)

I, _____ MBBS/BHMS/BAMS/BUMS,
AMA hereby certify that :-

- a) I charged and received Rs. _____ For Consultation on
(1) _____ (2) _____ (3) _____ (4) _____
at my consulting room/at residence of the Patient (Date/s to be given)
- b) I charged and received Rs. _____ For administering Intramuscular/Sub coctaneous
Injections at my consulting room/at residence of the Patient (Date/s to be given)
(1) _____ (2) _____ (3) _____ (4) _____
- c) The injections administered were not/were for immunizing or prophylactic purpose.
- d) The Patient has been under treatment at the undermentioned Hospital/my consulting room. Medicines prescribed by 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 Hospital for supply to private Patients and do not include proprietary preparations which are primarily food/toilets of disinfectants.

NAME OF MEDICINE	PRICE	NAME OF MEDICINE	PRICE

- e) The Patient is/was suffering from _____
and is/was under treatment from _____ to _____
- f) That the Patient is/was not given pre-natal or post-natal treatment.
- g) That the X-Ray, Laboratory test/s etc. for which an expenditure of Rs. _____ was incurred was/were necessary and was/were undertaken on my advice at Hospital.
- h) That I referred the Patient to Dr. _____
for Specialist consultation and that necessary approval of the (Name of the Chief Administrative Medical Officer of the State as required under the rules was obtained.)
- i) That the Patient did not require/required Hospitalisation.

Date :

Signature & Designation