

ESSENTIALITY CERTIFICATE

I certify that Sri./Smt.
employed in the
has been under treatment in this Hospital/Dispensary or at his /her
residence for the period from to
and that the under mentioned medicines prescribed by me in this
connection were essential for the recovery/prevention of serious
deterioration in the conditions of the patient. They do not include
proprietary preparations for which cheaper substance of equal therapeutic
value are available nor preparations which are primary foods, tonics, toilet
preparations or disinfectants.

It is certified that the case did not require hospitalisation but is one of
prolonged nature requiring medical attendance at the out-patient
department spreading over a period of more than 10 days.

The patient was/has been suffering from

Cash Bill No. & Date	Trade/Brand Name of Medicines	Chemical/ Pharmacological Name of medicine	Description	Price

Place:

Date:

(Office Seal)

Signature:

Name & Designation of
Authorised Medical Attendant:

Name of Institution:

Register No.

Qualification:

System of Medicine: