CERTIFICATE – A

(To be completed in the case of patients who are not admitted to hospital for treatment for the following cases only along with ORIGINAL OUT PATIENT (OP) SLIP FROM CONCERNED DOCTOR)
(Chemotherapy, Radiotherapy for cancer, Regular dialysis for Kidney, Cardinal cases like cardiac cases, Severe neurological problems and A.I.Ds subject)

1. I Dr. …… hereby certify

a) That I charged Rs. …… for ……. consultation on…….. at my consultation room / at the residence of the patient.

b) That I charged Rs. …… for administering intramuscular/ intravenous / subcutaneous injections on……. (Dose to be given) ay my consulting room at the residence of the patient

c) That injections administrated repay in formatting or propyloction purpose.

d) That the patient has been under treatment at ……hospital 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 stocked in the ……hospital and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available or preparations which are primarily foods, tonics, toilets or disinfectants.

Name of the Medicine	**Cost**
…….....	……
…….....	……
…….....	……

e) That patient is / was suffering from ……
And is / was under my treatment from ……

f) That the patient was / not given prentation post treatment

g) That the X ray, Laboratory tests etc, for which an expenditure of Rs. …… was incurred was necessary and was under taken on my active at the ……. (name of the hospital or laboratory .

h) That referred the patient of Dr……for specialist multilation and that the necessary approval of Director , Medical Service as required under the rules was obtained and

i) That the patient did not require / required hospital etc.

Date …….. **Signature and Designation of the Authorized Medical Attendance**