

ESSENTIALITY CERTIFICATE FOR OUTDOOR EMERGENCY TREATMENT

I certify that the patient Mr.....  
has given emergency treatment at the .....  
..... (Name of the Clinic/Nursing Home/Hospital) for  
.....  
disease and that the medicines/treatment facilities provided to  
him/her were essential for immediate recovery/prevention of  
serious deteriorations in the conditions of the patient. For  
this emergency treatment a fee of Rs..... (Rupees.....  
..... only) has been charged from him/  
her vide bill(s) Cash memos No.,.....  
.....  
..... dated..... and he/she has incurred an  
expenditure of Rs..... (Rupees.....  
.....) on essential medicines immediately  
required for emergency treatment and purchased by him/her from  
the market vide Bill(s)/Cash Memo(s) Nos.....  
.....  
.....

Signature of Practitioner/  
Medical Officer-in-charge  
of the Hospital/  
Nursing Home/Clinic.

Medical Superintendent,

Countersigned by (AMA)

Dated: