

ESSENTIAL CERTIFICATE

I certify that _____ employed in the office of _____. He/She has been under my treatment at _____ and that the under mentioned medicines prescribed by me in this connection of serious deterioration in the conditions of the patient. The medicines were not stocked in the _____ (Name of the Hospital/Dispensary) for supply to the patient and do not include preparatory, preparations which are primarily of food, toilets of disinfectant:-

1. Certified that the treatment indoor patient is not necessary.
2. Certified that the medicines charges have not cheaper effective substitute.
3. Period of treatment from _____.
4. Certified that the price claimed is reasonable.
5. Certified that the medicines are not in the nature of tonics etc. the cost of which is not reimbursable, under Govt. orders issued on the subject from time to time.
6. Certified that the medicines are not in the list of non-reimbursable medicines/articles/revise vide Pb. Govt Letter No. 170445/1383/GSD-II-58/150 Dated 25th June, 1995.
7. Certified that the medicines stated below do not include Vitamin B Complex or preparation thereof.
8. He/She was suffering from _____.

<u>Sr. No.</u>	<u>Name of Medicines</u>	<u>Bill No.</u>	<u>Chemist</u>	<u>Date</u>	<u>Amount in Rs.</u>
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**Signature & Designation of the
Authorized Medical Attendant**

Certified that prescribed medicines actually, purchase and consumed by _____.

Signature of the claimant.