

**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 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 :