

**ESSENTIALITY CERTIFICATE FOR
EMERGENCY TREATMENT**

I certify that the patient Sh/Smt/Dr. _____
wife/son/daughter of Sh/Smt/Dr. _____ has been
given emergency treatment at the

_____ the
(name of hospital) for _____ (disease) and that the
medicines/ treatment/ facilities provided to him were essential for immediate
recovery prevention of serious deterioration in the condition of the patient. For
this emergency treatment a fee of Rs. _____ has been charged from him vide
Cash Memo No. _____ dated _____ and he/she incurred an
expenditure of Rs. _____ on essential medicines immediately required for
emergency treatment and purchased by him from the market vide Cash Memo
No. _____ dated _____ .

**Signature of the Practitioner/
Medical Officer In-charge of
the Hospital/ Nursing Home/
Clinic Medical Superintendent**