

ESSENTIAL CERTIFICATE FOR EMERGENCY TREATMENT

I certify that the patient Mr./Mrs.....
has been given emergency treatment in.....(Name
ofClinic/NursingHome/Hospital),address.....
for.....(Disease) and
that the medicines/treatment/facilities provided to him/her were essential for immediate
recovery/prevention of serious deterioration in the condition of the patient. For this
emergency treatment a fee and hospitalization charges of Rs.....
has been charged from him/her vide bill(s)/Cash Memo
No.....dated.....and he/she incurred an
expenditure of Rs.....on essential medicines immediately required for
emergency treatment and purchased by him/her from the market vide bill(s)/ Cash Memo
No.....

SIGNATURE

(THE PRACTITIONER/MEDICAL OFFICER/
INCHARGE OF THE HOSPITAL/NURSING
HOME/CLINIC MEDICAL SUPRINTENDENT)

Countersigned (By Name)

Complete Address:.....

.....

.....

(AUTHORISED MEDICAL ATTENDANT)

Pin code:.....

Mobile No:.....

Email:.....

Registration No:.....

Stamp.....