

# ESSENTIAL CERTIFICATE FOR EMERGENCY TREATMENT

I certify that the patient Mr./Mrs.....

Has been given emergency treatment in .....(Name of Clinic/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 bills(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.....

Further it is hereby declared that the duration of the emergency treatment is ..... days.

## SIGNATURE

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

Countersignd(By Name)

Complete Address.....

.....

.....

(AUTHORISED MEDIAL ATTENDANT)

Pin code.....

Mobile No.....

Email:.....

Registration No:.....

Stamp.....