MEDICAL CERTIFICATE

Certificate granted to Mrs./Mr./Miss _____
Wife /son/daughter of Mr. _____ employed in the _____.

I, Dr. _____hereby certify:-

(a) That I charged and received Rs. _____ for _____ consultation on _____ (dates to be given) at my consulting room/at the residence of the patient.

(b) That I charged and received Rs. _____for administering _____intra-venous /intra-muscular / subcutaneous injections on _____ (dates to be given) at _____my consulting room / the residence of the patient.

(c) That the injections administered were not/were for immunizing or prophylactic purposes.

(d) That the patient has been under treatment at _____ hospital / my consulting room and that the under mentioned medicines prescribed by me in this connection were essential for the recover / prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the _____ (name of Hospital) for supply to private patient and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available not preparations which are primarily foods, toilets of disinfectants.

Name of medicines Price

1.

2.

3.

4.

5.

6.

7.

Contd…2….