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ne / s	on / daughter of Shri / Smt.				
	CERTIFICATE (A2 adates below the street to be a str				
	(To be completed in the case of patients who are not admitted to hospital for treatment				
De	saftent to D	hereby cert	ify:-		
(a)	that I charged and received Rsforfor	ultation and that	engo		
	consultation(s) on	y consulting roc	m		
	(date to be given) at the re	esidence of the p	atic		
(b)	that I charged and received Rs.	tor adminis	tern		
	intra – venous intra-muscular injections on sub-cutaneous (date to be given	a	t n		
		1)			
	consulting room/at the residence of the patient. that the injections administered were/were not for immunising or prophylactic purpos	ses.			
(c)					
(d)			ectio		
	hospital/my consulting room, and that the undermentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The				
	menicines are not stocked at the				
	medicines are not stocked in the	ich cheaper subs	tance		
	Name of Hospital for supply to private patients and do not include proprietory preparations for whi of equal therapeutic value are available nor preparations which are primarily foods, toil	ich cheaper subst	tance		
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