Certificate granted to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ working in Punjab and Haryana High Court, Chandigarh.

**CERTIFICATE**

**TO BE COMPLETED IN CASE OF PATIENTS WHO ARE NOT ADMITTED IN HOSPITAL FOR TREATMENT (OUTDOOR)**

I, Dr........................................................................................ do hereby certify:-

(a) That the injunctions administered were not immunishing or prophylactic purpose.

(b) That the patient was treated at my consulting room and that the under mentioned medicines prescribed by me in this connection were essential for the recovery prevention of serious deterioration in the condition of the patient. The medicines are not stocked in the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital/Dispensary for supply to the patients and do not include proprietary preparations for which cheaper substitute or equally the repeutic value are available nor preparations of which are primarily foods, toilets or disinfectants.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Particulars of the Bills

Sr.No. Cash Memo No. & Date Amount

c) That the patient is/was suffering from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and remained under my treatment from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_

(d) That the patient did not require/required hospitalization.

Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature & Designation of the Medical Officer of the Hospital/Dispensary