

EMERGENCY CERTIFICATE FOT OUTDOOR EMERGENCY TREATMENT

I certify that the patient Shri / Mr / Miss
has been given emergency treatment at the
(Name of the clinic/ nursing home/hospital) 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 of Rs. has been charged
from him / her vide bill(s) / cash Memo No. date.
..... and he / she has 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. Dated

Signature of the Practitioner / Medical Officer /
Incharge of the hospital / Nursing home /
Clinic / Medical Superintendent

Counter signed by (Name)
(Authorized Medical Attendant)