

- (d) That the patient is/was suffering from _____ and is / was under my treatment from _____ to _____
- (e) that the patient is /was not given pre-natal or post –natal treatment;
- (f) that the X-ray. Laboratory test, etc. for which an expenditure of Rs. _____ was incurred was necessary approval and were undertaken on my advice at _____ (name of the hospital or laboratory)
- (g) that I referred the patient to Dr. _____ for specialist consultation and that the necessary approval of the _____ (name of the Chief Administrative Officer of the State) as required under the rules was obtained.
- (h) That the patient did not require / required hospitalization.

Signature of AMA / Designation of
the Medical Officer and Hospital /
dispensary to which attached.