



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Medical Card Change of Doctor Form

The steps are:

1. Carefully fill in all items required on this form
2. Bring the form to your new Doctor to complete the 'Acceptance of Eligible Person' section
3. Post the completed form to:
Client Registration Unit, PO Box 11745, Finglas, Dublin 11. (Ph: 1890 252 919)
4. On receipt of your completed form we will process your Change of Doctor request and a replacement medical card/s will be issued to you/your family.

APPLICATION TO CHANGE DOCTOR

I wish to change my choice of doctor under the Medical Card Scheme. Please arrange to transfer me (and my dependent(s) if appropriate) to the panel of the doctor set out below, who has signed the "Acceptance of Eligible Person" form attached:

Your Name: _____

Address: _____

Date of Birth: _____

PPS Number: _____

Medical Card Number: _____

I wish to choose Dr: _____

of (Address): _____

to be my General Practitioner for the provision of General Medical Services. I live _____ miles
from his/her main centre of practice.

Are ALL members of your family changing to the new Doctor? Yes No

If 'No' Please specify the names and PPS number of any other family members that also wishes to
change to this new doctor: _____

Signature: _____

Date: _____

ACCEPTANCE OF ELIGIBLE PERSON - To be completed by Doctor

I agree to provide General Medical Services (GMS) to the above named (and/or their dependents) in accordance with my agreement with the HSE for the provision of services under Section 58 of the Health Act 1970 and Health Amendment Act 2005.

Signed: _____

(General Practitioner)

GMS Registered No.: _____

Date: _____

Please place official GMS stamp here

For official use only

Distance Code: _____ Change Approved (Signed): _____

Date: _____