



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. If you are aged Over 70, a dependant of an Over 70 medical cardholder, live in the Dublin North Central or North West Dublin regions you should post the completed form to:  
*Client Registration Unit, PO Box 11745, Finglas, Dublin 11. (Ph: 1890 252 919)*
4. If you or your dependants are Under 70 and reside in any other area please submit the completed form to your Local Health Office.
5. 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: \_\_\_\_\_