



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Medical Card Section
Ballymun Health Care Facility
Civic Offices
Ballymun
Dublin 9

APPLICATION TO CHANGE DOCTOR

To be completed by client and doctor of choice.

To be completed by client

I wish to change my choice of doctor under the GMS Scheme. Please arrange to transfer me (and my dependent(s) if appropriate) to the panel of the doctor who has signed the "Doctor Acceptance" form below -

Name: _____

Address: _____

I wish to choose Doctor _____ of

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

My Medical Card/G.P. Visit Card Number is _____ D.O.B. _____

Please specify names of those changing doctor: _____

Clients Signature _____ Date: _____

To be completed by Doctor

Acceptance of Eligible Person

I agree to provide General Medical Services (GMS) to the above named (and/or 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 _____