



Medical Card Section  
Local Health Office Dublin West  
Cherry Orchard Hospital  
Ballyfermot  
Dublin 10

Return to Medical Card Section, Cherry Orchard Hospital, Ballyfermot, Dublin 10.  
Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Tel: (01) 620 6300  
Fax: (01) 620 6464

**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 \_\_\_\_\_