



**Medical Card/GP Visit Card
Change of General Practitioner (GP) Form**

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

The steps are:

1. Carefully fill in all sections on this form
2. Bring the form to the GP of your choice to complete the 'Acceptance of Eligible Person' section
3. Post the completed form to:
Client Registration Unit, PO Box 11745, Dublin 11. LoCall: **1890 252 919**
4. On receipt of your completed form, your Change of GP request will be processed and a replacement Medical Card(s) or GP Visit Card(s) will be issued to you and your family.

APPLICATION TO CHANGE GP

I wish to change my choice of GP under the Medical Card/GP Visit Card Scheme. Please arrange to transfer me and all family members listed below to the panel of Dr _____, who has signed the 'Acceptance of Eligible Persons' section of this form.

Name: _____

Address: _____

Eircode: _____

Date of Birth: _____

PPS No: _____

Medical Card No: _____

List all family members that wish to change to Dr: _____ (name)

- | | | | |
|----|-------|---------|-------|
| 1. | _____ | PPS No: | _____ |
| 2. | _____ | PPS No: | _____ |
| 3. | _____ | PPS No: | _____ |
| 4. | _____ | PPS No: | _____ |
| 5. | _____ | PPS No: | _____ |
| 6. | _____ | PPS No: | _____ |
| 7. | _____ | PPS No: | _____ |

I confirm that I am authorised to make application for a Change of GP on behalf of all persons listed above and I do so with their knowledge and consent

Signature: _____ Date: _____