

**TRANSFER FORM**

**NORTH EASTERN HEALTH BOARD**

**APPLICATION FOR CHANGE OF DOCTOR**  
**UNDER CHOICE OF DOCTOR SCHEME**

**Name of Cardholder:** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

I hereby apply for a transfer of myself and my dependants from

Dr. \_\_\_\_\_ To Dr. \_\_\_\_\_

My medical card number is: \_\_\_\_\_

Signed: \_\_\_\_\_  
Applicant Date

**DOCTOR'S ACCEPTANCE.**

I agree to provide General Practitioner Services for the above named and dependants in accordance with Section 58 of the Health Act, 1970.

**Distance Code:** \_\_\_\_\_

**Doctor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note: Health card must accompany this form.

**FOR OFFICE USE.**

Transfer Approved/Not Approved.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_