



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

**For Maternity and Infant Care Scheme only
Change of General Practitioner (GP) Form**

**Request to Change GP
For Maternity and Infant Care Scheme only**

I request to change my choice of GP under the Maternity and Infant Care Scheme. Please arrange to transfer me to doctor name who has signed the 'Acceptance of expectant mother' section of this form.

The following expectant mother wishes to change to doctor name as from date transfer under the Maternity and Infant Care scheme only.

Name:

Date of Birth:

PPS No:

--	--	--

I confirm I am authorised to make an application for a Change of GP for the Maternity and Infant Care scheme on behalf of patient name and I do so with their knowledge and consent.

Patient signature:

Date:

Acceptance of expectant mother - to be completed by GP

I undertake to provide medical and surgical services for the expectant mother listed in accordance with the conditions laid down in the agreement made between myself and the Health Service Executive for the provision of services under section 62 and 63 of the Health Act 1970.

(General Practitioner)

Signed:

Registered No:

Date:

Please place official stamp here