

**APPLICATION FOR A REPLACEMENT
 NORTHERN IRELAND MEDICAL CARD**

Please complete in **BLOCK LETTERS** (See notes below)

* Mr/Mrs/Miss Surname	Forename(s)	
Maiden or former Surname	Date of Birth	Office use
Present Address		
Postcode	Daytime Telephone number	
Name and address of Doctor with whom <u>CURRENTLY</u> registered		
Address when last Medical card was issued (if no change write "same")		
Name and address of Doctor with whom <u>previously</u> registered (if applicable)		

I Certify that the above particulars are true and that I have not lived outside Northern Ireland since my previous Medical Card was issued. I apply for a replacement Medical Card and will destroy any previous Medical Card which may come to hand.

**** Signature:**

Date:

*Delete whichever does not apply

** A parent or guardian should sign on behalf of a child ages under 16

NOTES

- 1) This form does not apply to you if you have lived outside Northern Ireland since you were issued with a previous Medical Card.
- 2) If your last Medical Card was issued in Great Britain you should apply to the Family Health Service Authority which issued your previous card for a replacement card.
- 3) If you have lived outside the United Kingdom since your previous Medical Card was issued you must complete application form HS22X which you can obtain from your Doctor's surgery.
- 4) It is important that you complete form HS100 clearly and as accurately as possible, otherwise there could be a delay in issuing your Medical Card.
- 5) The completed form should be sent to :-

Business Services Organisation
(Medical Directorate)
2 Franklin Street
Belfast BT2 8DQ
- 6) **NORMALLY IT TAKES 3 WEEKS TO PROCESS THIS FORM SO PLEASE ALLOW SUFFICIENT TIME BEFORE YOU NEED YOUR MEDICAL CARD WHEN YOU APPLY**