

**HEALTH AND SOCIAL CARE
BUSINESS SERVICES ORGANISATION
2 FRANKLIN STREET, BELFAST, BT2 8DQ
TEL: 0300 555 0113**

**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 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.**
- 3) **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.**
- 4) **The completed form should be sent to:**

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