

Health Service Executive,
Primary Care Eligibility & Reimbursement Service,
Maternity and Infant Care,
J5 Plaza,
North Park Business Park,
Exit 5 M50
North Road,
Finglas, Dublin 11.
D11 PXTO
Tel: (01) 864 8600 Fax: (01) 891 4895

## APPLICATION FOR MEDICAL AND SURGICAL SERVICES FOR MOTHERS AND INFANTS

This form, when completed by applicant and doctor should be returned to: Maternity Services at the above address

		Confidenti
SECTION A. TO BE COMPLETED BY	THE APPLICANT (In block letters)	Office Use Only:
I hereby apply for Maternity and Infant Services under the He	alth Act, 1970.	Ref
NAME:	,	Date:
ADDRESS:		
DATE OF BURTH:	MEDICAL CARD No. (if any):	
TELEPHONE NO: PP		
HOW LONG ARE YOU RESIDING IN IRELAND?	-	
IF LESS THAN TWELVE MONTHS, STATE YOUR		
I apply to Doctor		_ То
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(a) Accept me for medical and surgical services (b) Provide medical and surgical services for my I HAVE NOT MADE ARRANGEMENTS FOR THESE SEI HEREBY UNDERTAKE TO PAY ANY CHARGE APPROANY SERVICES OF WHICH I AVAIL MYSELF AND TO W	y infant. RVICES WITH ANOTHER MEDICAL PRA IVED OF OR DIRECTED BY THE MINIST	
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WARNING Section 75 of the Health Act 1970 provides that any person who knowingly makes false statement or conceals any material fact shall be liable on summary conviction to a fine not exceeding € 127 or, at the discretion of the Court, to imprisonment for any term not exceeding three months or to both.

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