

MEDICAL SERVICES

MEDICAL SERVICES TO STUDENTS 2018/19

Residential students at Enniskillen/Greenmount/Loughry Campuses who wish to transfer to a local doctor or are living outside the practice area (generally 7–10 mile radius) of their family doctor, have the choice of registering with a local doctor. Below is a list of local medical practices and doctors.

Antrim and Randalstown Health Centres

Practice	Names	Locations	Telephone Nos.
1TRIM	Dr O’Gorman Dr McCusker Dr McCullough	The Family Practice Antrim Health Centre Antrim	028 9441 3930
2	Dr McKenna Dr McAuley	Health Centre Antrim	028 9441 3940
3	Dr Patton Dr Cobain Dr Field Dr Gribben Dr Lewis	Castle Medical Practice Health Centre Antrim	028 9441 3910
4	Dr McCaughey Dr McIlroy Dr Bill Dr O’Hanlon Dr McGuinness Dr Smith Dr A McIlroy	Health Centre Randalstown	028 9447 2575

Enniskillen Health Centres

Practice	Names	Locations	Telephone Nos.
1	Dr Cox Dr Toal Dr Maguire	Erne Health Centre	028 6632 7190
2	Dr Meade Dr Johnston Dr Davis Dr Leonard	Lakeside Medical Practice	028 6632 7192
3.	Dr J Gvette	Devenish Practice	028 6632 5638

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Cookstown Health Centres

Practice	Names	Locations	Telephone Nos.
1	Dr Graham	18 Loy Street Cookstown BT80 8PE	028 8676 2207
2	Dr Naughton Dr Irwin Dr Brown Dr Murray	Oaks Family Practice 48 Orritor Road Cookstown	028 8676 2249
3	Dr Wray Dr Johnston Dr Haigney Dr Potter	Health Centre Cookstown	028 8676 2995
4	Dr P Flanagan Dr McKeever Dr Hutton Dr Davidson	Loy Medical Centre 8 Loy Street Cookstown	028 8676 3030

Students who wish to transfer to a local doctor should complete the relevant form which is attached below, together with their medical card and bring this with you to Registration.

MEDICAL SERVICES

SECTION A:

To be completed by all students wishing to transfer to a local doctor.

I have read the list of local medical practitioners and I wish to transfer to practice: Tick (✓) as appropriate.

	Antrim	Cookstown	Enniskillen
Practice 1			
Practice 2			
Practice 3			
Practice 4			

Signed: _____ Course: _____ Date: _____

SECTION B:

To be completed by Parent/Guardian of students who are Under 18 years of age and wish to remain registered with their family doctors:

TO WHOM IT MAY CONCERN

I would like my son/daughter _____ (**Full Name**) to remain registered with the doctor currently registered with. (**Course** _____)

Name of Doctor: _____

Name of Practice: _____

Tel No. _____

Medical Card No. _____

I hereby acknowledge that I am responsible for arranging any medical treatment necessary for my son/daughter, and ensuring that he/she has received all medical requirements that the College deems necessary to complete his/her course of study.

Signed: _____ Date: _____

SECTION C

To be completed by students who are Over 18 years of age and wish to remain registered with their family doctors:

TO WHOM IT MAY CONCERN

I _____ (**Full Name**) would like to remain registered with the doctor I am currently registered with. (**Course** _____)

Name of Doctor: _____

Name of Practice: _____

Tel No. _____

Medical Card No. _____

I hereby acknowledge that I am responsible for arranging any medical treatment necessary and ensuring that I have received all medical requirements that the College deems necessary to complete my course of study.

Signed: _____ Date: _____