Business Services Organisation
Family Practitioner Services

HS50

ARRANGEMENTS FOR TRANSFER OF PATIENTS

Revised: September 2026

Section 1: Dentist <u>currently receiving</u> Capitation / Continuing Care Payments

Forename		Surname	
GDC Number		DS Number	
Surgery Address			
Signature		Date	

Reason for Transfer *(please indicate below)*

Leaving Practice		24-Hour Retirement	
Transferring List Only		Maternity Leave	
Resignation from Dental List		EDI Software Change	
Transfer to Holding Number / Other **		Locum cover for Maternity Leave **	

Reason for transfer to Holding Number / Other: _____

***** Please note: Locum and Holding Numbers are Non-Superannuable***

Section 2: Details of Dentist <u>accepting</u> Patients

Forename		Surname	
GDC Number		DS Number	
Surgery Address			
Signature		Date	

Section 3: Details of Patients to be Transferred

Number of Patients to be Transferred	

*Please Note: Options for above are "**All**" or a specific "**Number of Patients**" or "**Age Categories**"*

Section 4: Other Information

Please state below the dates that:

Capitation / Continuing Care arrangements will transfer on.	
Will be your last day of employment at this surgery.	

Where a Patient List is to be split across multiple contracts, a <u>separate</u> HS50 Form **<u>must</u>** be fully completed and submitted for each accepting Dentist.

When completed, scan and email a copy to: professionalsupportteam@hscni.net