

Online Reporting Form

Name	GPHC number	Email Address	Trading Name and Address	Contractor Code

Declaration:

I confirm that I am the owner and give the above named user authority to access online reports for the Contractor Codes listed.

Signature:

Date:

Please send completed form to:

ePharmacy Helpdesk
Area 136c Gyle Square 1 South Gyle Crescent Edinburgh EH12 9EB