

NATIONAL SERVICE SCOTLAND eSCHEDULES ACCESS FORM

ACCESS TO ONLINE REPORTS - CHANGE TO eSCHEDULE CONTACT

Part 1. Practice details

Practice address		Name of Body Corporate (if applicable) <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>
		NHS Board <div style="border: 1px solid black; width: 150px; height: 20px; margin-top: 5px;"></div>

Part 2. Dentist View

This form should be used to notify us of a change to the eSchedule contact in your practice.

All eligible dentists in the practice must complete the form to authorise the change, including the eSchedule contact.

We will advise when the change will come into effect.

NOTE: If the form is not completed in full, or incorrect information is provided, the form will be returned. This may result in a delay to the change being applied.

List No.	Name	NHSmail address	Signature	I have an eSchedules account
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 200px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/> @nhs.scot	<input style="width: 180px; height: 20px;" type="text"/>	<input type="checkbox"/>
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 200px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/> @nhs.scot	<input style="width: 180px; height: 20px;" type="text"/>	<input type="checkbox"/>
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 200px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/> @nhs.scot	<input style="width: 180px; height: 20px;" type="text"/>	<input type="checkbox"/>
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 200px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/> @nhs.scot	<input style="width: 180px; height: 20px;" type="text"/>	<input type="checkbox"/>
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Part 3. eSchedule Contact

The dentists listed in Part 2 authorise me to view their schedule reports online, for their list numbers at the dental practice in Part 1

List No.	Name	NHSmail address	
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 200px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/> @nhs.scot	I have an eSchedules account <input type="checkbox"/>

NOTE: Practice Managers cannot be the eSchedule Contact.

Signature _____ Date

Once completed, return this form by:
email to nss.psd-customer-admin@nhs.scot - mark 'eSchedules Online Access Form' in subject field, or
post to Practitioner Services, Customer Administration, Gyle Square, 1 South Gyle Crescent, Edinburgh, EH12 9EB