

NATIONAL HEALTH SERVICE SCOTLAND GENERAL DENTAL SERVICES

NOTIFICATION OF THE APPOINTMENT, TERMINATION OR CHANGE IN STATUS OF A CONTRACTOR ON PART 1, SUB-PART B OF A DENTAL LIST

Part 1.

Completed by NHS

1. Title 2. Sex Male Female 3. Surname 4. Forenames 5. NHSmail email address 6. Date of Birth -- 7. EDS list number 8. GDC number 9. Name of body corporate (if applicable) 10. Address of
EDS premises

Postcode

Telephone no.

11. Date of appointment 12. Date of termination 13. Reason for termination

14. Comments

15. Submitted by Date **Part 2. To be completed by Practitioner Services Division (Dental)**Name noted List No. Completed by Date

Comments

Email completed forms from your personal NHS email account to:
nss.psd-customer-admin@nhs.scot with 'GP21A' in the subject field

Once processed, Practitioner Services will return this form by NHS email to the NHS Board