



22. Status (if a dental body corporate, give details of those dentists who will assist the dental body corporate in the provision of general dental services at the address at no.11 above):

*Not applicable for domiciliary list numbers*

Name	List No.	Name	List No.
------	----------	------	----------

23. Date of appointment (or change in status)

24. Date of termination

25. Reason for termination

26. Are any patients to be transferred to or from this list number? (If yes, please remember to submit the relevant transfer form)	No	Yes
---	----	-----

27. Comments or any other relevant information

28. Submitted by

29. Date

**Part 2. To be completed by Practitioner Services (Dental)**

Dental List No.	Completed by	Date
-----------------	--------------	------

Comments

Email completed forms from your personal NHS email account to:  
[nss.psd-customer-admin@nhs.scot](mailto: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