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
11. Postcode
12. Telephone no.
13. Date of appointment
14. Date of termination
15. Reason for termination
16. Comments
17. Submitted by
18. 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