

STAMP REQUEST FORM

For the attention of Customer Administration team

Example Stamp

'Title' A DENTIST
123 ANY STREET
ANYTOWN
ANYAREA
AN1 1YT

12345

PART 1 DETAILS OF DENTIST FOR STAMP

1. Title
2. Initial(s)
3. Surname
4. Qualifications
5. Address 1st line
6. Address 2nd line
7. Address 3rd line
8. Postcode
9. List Number

PART 2 KEEPING YOU UP-TO-DATE

We would like to provide you with email updates, which may include handy practice information guides, Mouthpiece, Schedule Communications and more.

To receive these updates, please provide your NHS email address below:

10. NHS email address

Email completed forms to Practitioner Services from your NHS.Scot email address, alternative email addresses should only be used in the absence of a NHS email address.

Send completed form to NSS.psd-customer-admin@nhs.scot with 'Stamp Form' in the subject field.

Do not send this form by post.