

Application form to connect dental practice to SWAN Scotland

Please provide all of the information requested and return to customer services preferably by Email: nss.psddental@nhs.scot
Or post to Dental & Ophthalmic Division,
Gyle Square, 1 South Gyle Crescent,
Edinburgh, EH12 9EB

I have an existing SWAN line and router to be tested for connection

I require a new SWAN connection

I require a new connection as I am moving to a new location

Title	First	Surname	Example dentist list number	Dental surgery name

Address 1	Address 2	Town	Postcode

Health board region	Telephone number	Software supplier	Date opened

Your email address	Firewall being requested Y/N	Date of request