

# NATIONAL SERVICE SCOTLAND eSCHEDULES ACCESS FORM

## ACCESS TO ONLINE REPORTS - PRACTICE REGISTRATION

**Part 1. Practice details**

Practice address		Name of body corporate (if applicable)	
		NHS Board	

**Part 2. Dentist View**

Please complete the fields below to enable your user account for eSchedules to be set up.

You are required to complete one form per location. If you practice in multiple locations and already have an eSchedules account, please indicate by ticking the box beside where you enter your details below.

By signing the form you agree that you understand that the reports you will have access to may contain patient identifiable information and that if you download these reports in any way, then you become responsible for the security and privacy of that information.

You also confirm that you have read and understood the Terms and Conditions.

**NOTE:** Dentist view is not available to Practice Managers or practitioners working as an Assistant, Body Corporate assistant (unless normal GDS list number held) or Vocational Dental Practitioner.

List No.	Name	NHSmail address	Signature	I have an eSchedules account
<input type="text"/>	<input type="text"/>	<input style="text-align: right; border-bottom: none; border-top: none; border-left: none; border-right: none;" type="text"/> @nhs.scot	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input style="text-align: right; border-bottom: none; border-top: none; border-left: none; border-right: none;" type="text"/> @nhs.scot	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input style="text-align: right; border-bottom: none; border-top: none; border-left: none; border-right: none;" type="text"/> @nhs.scot	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input style="text-align: right; border-bottom: none; border-top: none; border-left: none; border-right: none;" type="text"/> @nhs.scot	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input style="text-align: right; border-bottom: none; border-top: none; border-left: none; border-right: none;" type="text"/> @nhs.scot	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input style="text-align: right; border-bottom: none; border-top: none; border-left: none; border-right: none;" type="text"/> @nhs.scot	<input type="text"/>	<input type="checkbox"/>
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<input type="text"/>	<input type="text"/>	<input style="text-align: right; border-bottom: none; border-top: none; border-left: none; border-right: none;" type="text"/> @nhs.scot	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input style="text-align: right; border-bottom: none; border-top: none; border-left: none; border-right: none;" type="text"/> @nhs.scot	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input style="text-align: right; border-bottom: none; border-top: none; border-left: none; border-right: none;" type="text"/> @nhs.scot	<input type="text"/>	<input type="checkbox"/>

**Part 3. eSchedule Contact**

The dentists listed in Part 2 authorise me to view their schedule reports online, for their list numbers at the dental practice in Part 1

List No.		NHSmail address	@nhs.scot	I have an eSchedules account	<input type="checkbox"/>
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**NOTE:** Practice Managers cannot be the eSchedule Contact.

Signature \_\_\_\_\_ Date

Once completed, return this form by:  
email to [nss.psd-customer-admin@nhs.scot](mailto:nss.psd-customer-admin@nhs.scot) - mark 'eSchedules Online Access Form' in subject field, or  
post to Practitioner Services, Customer Administration, Gyle Square, 1 South Gyle Crescent, Edinburgh, EH12 9EB