

## Online reporting – eSchedules Close an online account

Please complete the details of the account to be closed.

All requests must be counter signed by the owner, director or head of the relevant business area within

**Independents and Franchises** – requests need to be counter signed by the owner or a member of staff within the practice.

**Body Corporate Organisation** requests need to be counter signed by the owner, director or head of the relevant business area.

### User details

Name and User ID	email address (given at registration)	Authoriser name and counter signature	Date

Once completed, return this form by  
Email to [NSS.psd-customer-admin@nhs.scot](mailto:NSS.psd-customer-admin@nhs.scot) – mark 'Ophthalmic eSchedule Signatory Form' in subject field, or Post to Practitioner Services, customer Administration, Gyle Square, 1 South Gyle Crescent, Edinburgh, EH12 9EB