

Geographical Removal
Template

Purpose

To provide Practitioner Services with details of patients that have moved out with the practice area and who should be removed from the practice list.

Practice Details

NHS Board Area: _____

Practice Name: _____

Practice Ref Number: _____

Form Completed By (Name): _____

Practice e-Mail: _____

Patient(s) Details

Name	CHI No	Current Address	New Address

The above named patient(s) have now moved out with our practice area, please remove in accordance with para 20 of the National Health Service (General Medical Services Contracts) Scotland regulations 2018. I understand you will notify the patient(s) and deduct from our list in 30 days time.

Please e-mail the form to your Practitioner Services regional office

Edinburgh office - Lothian & Borders:

nss.psdedinburgh@nhs.scot

Edinburgh office - Fife & Forth Valley:

nss.psdife-fvalley@nhs.scot