

Dental Online Reporting

eSchedule Contact

Practitioner

services

This form should be used to nominate/change the eSchedule contact in your practice.

By submitting this form, you confirm that you have **sought authorisation from all dentists** in the practice to view their monthly eSchedule reports.

You also confirm that you have read, understood and agree to the [Terms and Conditions](https://www.nss.nhs.scot/dental-services/online-reports/online-reports-terms-and-conditions/).

Part 1 - Practice details

|  |  |
| --- | --- |
| Name |  |
| Address |  |
|  |  |
| NHS Board |  |

Part 2 - eSchedule Contact

|  |  |
| --- | --- |
| List number |  |
| Name |  |
| Email address |  |
| Do you have a user account? | Yes  No |