

# eOphthalmic Personal Identification Number (PIN)

This form should be completed so Practitioner Services can issue a PIN that will allow the user to sign off Ophthalmic claims in either a Practice Management System (PMS) or the electronic web forms (GOS1, GOS3, GOS4).

## Please complete the appropriate fields

### Contractor Details

\* Denotes a mandatory field

\*Health Board

\*Pay to List Number

Contractor list Number

Contractor GOC Number

\*Forename

\*Surname

Email address

Accredited Practice Management System

\*Contact Number

\*I declare that I have read and understood the [acceptable use policy]\* relating to the use of my unique individual personal identification number (PIN).

Signature

Date

Send completed forms to [nss.psd-customer-admin@nhs.scot](mailto:nss.psd-customer-admin@nhs.scot) with 'eOphthalmic PIN form' in the subject field

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### Practitioner Services use only

How was the PIN communicated to the User

Issued by

Date