

**NOTIFICATION TO PRACTITIONER SERVICES DIVISION AND THE SCOTTISH GOVERNMENT HEALTH DIRECTORATES OF THE APPOINTMENT, TERMINATION OR CHANGE IN DETAILS OF A GENERAL OPHTHALMIC SERVICES CONTRACTOR ON THE FIRST PART OF AN OPHTHALMIC LIST**

**Part 1.** Completed by NHS

1. Title  Forenames

2. Surname

3. NHSmail email address  Date of Birth  -  -

4. Sex  Male  Female 5. Ophthalmic list number  6. GOC No.  -  7. OQC No. (if applicable)

8. GMC No. (if applicable)  9. Payment location code  10. Name of body corporate (if applicable)

11. Name of practice

12. Practice address

13. New practice address (if applicable)

14. Status

15. Date of appointment (or change in details)

16. The following details have been changed:

Name  New premises added  Premises removed  Payment location code required  
 New practice  Change of ownership  New GOC number  New GMC number  Transfer from Part 2

17. If practitioner is also on either part of the ophthalmic list of other NHS Boards, give details here:

Ayrshire & Arran  Borders  Dumfries & Galloway  Fife  Forth Valley  
 Grampian  Greater Glasgow & Clyde  Highland  Lanarkshire  Lothian  
 Orkney  Shetland  Tayside  Western Isles

18. Date of termination  19. Reason for termination

20. Comments

21. Submitted by  Date

**Part 2. To be completed by Practitioner Services Division**

Ophthalmic List No.  Name  Date

Comments