

NOTIFICATION TO PRACTITIONER SERVICES DIVISION AND THE SCOTTISH GOVERNMENT HEALTH DIRECTORATES OF THE APPOINTMENT, TERMINATION OR CHANGE IN DETAILS OF OPHTHALMIC MEDICAL PRACTITIONERS AND OPTOMETRISTS ON THE SECOND 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. Private address

10. New private address (if applicable)

11. Status

12. Date of appointment (or change in details)

13. The following details have been changed:

Name New private address Transfer from Part 1
 New GOC number New GMC number

14. 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

15. Date of termination 16. Reason for termination

17. Comments

18. Submitted by Date

Part 2. To be completed by Practitioner Services Division

Ophthalmic List No. Name Date

Comments