Practitioner Services

# Web form Username & Password

This form should be completed so Practitioner Services can issue a username and password that will allow the user to view and complete the Ophthalmic electronic web forms (GOS1, GOS3, GOS4).

## Please complete the appropriate section

### Contractor Details

* Denotes a mandatory field

*Health Board

Contractor List Number

*Forename

*Surname

Contractor GOC Number

*Contact Number

Email address

Pay to List Number

1 2 3

4 5 6

7 8 9

10 11 12

13 14 15

### Practice Staff Details

* Denotes a mandatory field

*Job Title

*Forename

*Surname

*Contact Number

Email address

*Pay to List Number

1 2 3

4 5 6

7 8 9

10 11 12

### Declaration

*I declare that I have read and understood the [acceptable use policy]* relating to the use of my unique individual personal identification details (Username & Password).

Signature

Date

**Send completed forms to nss.psd-customer-admin@nhs.scot**
**with 'Web form username & password form' in the subject field**

## Practitioner Services use only

How was the Username & Password communicated to the User

(Version 09/26)