

Online reporting – eSchedules Close an online account

Please complete the details of the account to be closed.

All requests must be counter signed by the owner, director or head of the relevant business area within

Independents and Franchises – requests need to be counter signed by the owner or a member of staff within the practice.

Body Corporate Organisation requests need to be counter signed by the owner, director or head of the relevant business area.

User details

Name and User ID	email address (given at registration)	Authoriser name and counter signature	Date

Once completed, return this form by
Email to NSS.psd-customer-admin@nhs.scot – mark 'Ophthalmic eSchedule Signatory Form' in subject field. **DO NOT SEND THIS BY POST.**