



Online Reporting Access Form

Name	GPHC number	Email Address	Trading Name and Address	Contractor Code

Declaration:

I confirm that I am the owner and give the above named user authority to access online reports for the Contractor Codes listed.

Signature:

Date:

Please send completed form to:

ePharmacy Helpdesk
Area 251
Gyle Square
1 South Gyle Crescent
Edinburgh EH12 9EB