**Optometrists NHS Email Account Request**

|  |  |
| --- | --- |
| Name of Optometrist / Dispensing Optician (capital letter please) |  |
| Name and Address of Optical Practice |  |
| Preferred Email address – usual format is:-  [firstname.secondname@nhs.net](mailto:firstname.secondname@nhs.net)  or  [nameofpractice@nhs.net](mailto:nameofpractice@nhs.net)  (this is subject to change if name is already allocated) |  |
| Contact Details – telephone number &/or email address  (if we need to contact you to discuss options) |  |
| **BELOW FOR HIS USE ONLY** | |
| **Password** |  |
| **Actual Email Address (if different from above)** |  |
| **Date Completed** |  |

Please return, by Friday 6th June 2014, to

[ssehlpn@yahoo.co.uk](mailto:ssehlpn@yahoo.co.uk) or

Shelley Stubbs

Staffordshire LOC

56 High Street

Eccleshall

Stafford

ST21 6BZ