**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.netornameofpractice@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 or

Shelley Stubbs

Staffordshire LOC

56 High Street

Eccleshall

Stafford

ST21 6BZ