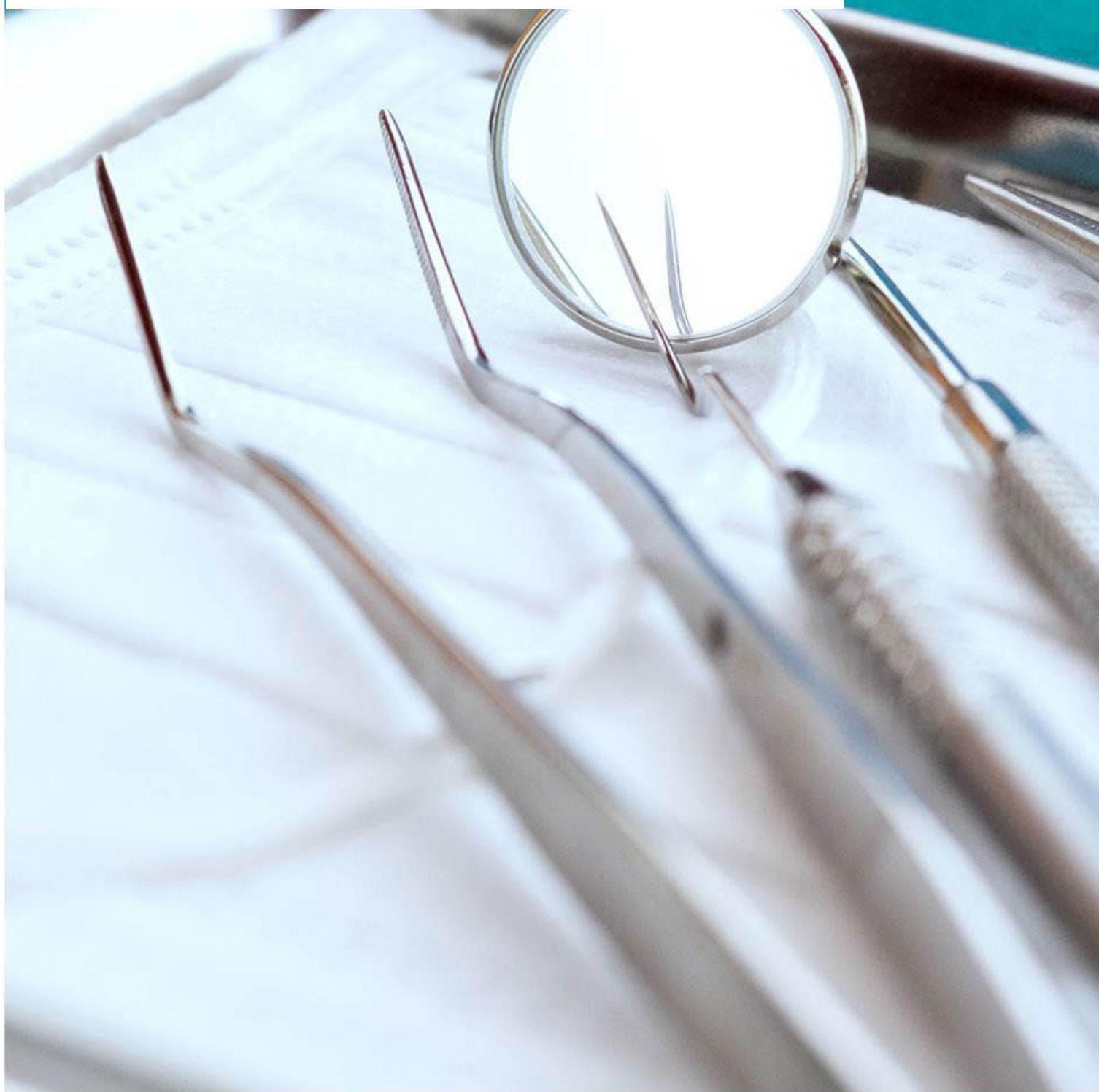# NHS Dental Services

Guidance for the completion of FP17W activity submissions in Wales (April 2025)

## Introduction

This guide has been produced to help providers and clinicians to:

- use the online FP17W form available in the NHSBSA Compass system
- address some of the more common questions relating to the business rules associated with the processing of FP17Ws, whether they have been submitted using the online forms or submitted via a practice management system.

This guide can also be used as a training tool for individuals new to NHS dentistry.
Please note that this guide is only to be used for the submission of dental activity under the General Dental Services in Wales.

From 1 December 2021, for updates completed online in Compass or using the schedule query process, you'll only be able to update FP17Ws from the previous financial year up to the published June cut-off date of the new financial year.

For example, you'll have until the June 2022 cut-off date to update or replace FP17Ws if the Date of Completion on the form is between 1 April 2021 and 31 March 2022.

If you need to update or replace any FP17Ws that relate to the previous financial year, our customer contact centre can help you:

- nhsbsa.dentalservices@nhsbsa.nhs.uk

- 0300 330 1348

| Activity Form Creation | |
|---|---|

**Contract ID**      [     * ] 🔍

**Personal ID**      [     ]

**Location ID**      [     ]

**Form Type**      [     ⌄ * ]

**Contract ID -** Enter the 10 digit contract number of the provider. This is required on every form.

**Personal ID -** Enter the 6 digit number of the clinician responsible for this course of treatment. This may pre-populate following Compass log in or you can enter it manually. This is required on every form.

**Location ID-** Enter the 6 digit location ID number. This may pre-populate or you can enter it manually. This is required on every form.

**Form Type -** Select FP17W from the drop-down list.

## Patient Information

| | |
|---|---|
| **Patient ID** | [ 🔍 ] |
| **NHS Number** | [          ] |
| **Surname** | [                *] |
| **Forename** | [                *] |
| **Address** | [          *] |
| | [          ] |
| | [          ] |
| | [          ] |
| | [          ] |
| **Post Code** | [          ] 🔍 |
| **Sex** | Please Select... ∨  * |
| **Date of Birth** | [          *] |

**Patient's NHS Number -** Enter the patient's 10-digit NHS number.

**Surname** - Enter the patient's surname up to 14 alpha characters. This is required on every form.

**Forename** - Enter the patient's forename up to 14 alpha characters. This is required on every form.

**Address** - Enter the patient's house number or name and street. This is required on every form.

**Postcode** - Enter the patient's postcode.

**Sex** – Select the sex at birth, M for Male or F for Female.This is required on every form.

**Date of Birth** – Enter the patient's date of birth in format ddmmyyyy. This is required on every form.

| | |
|---|---|
| **Previous Surname**<br>**(If changed since last visit)** | _____ |
| **Email Address** | _____ |
| **Patient Declined** | ☐ |
| **Mobile Phone Number** | _____ |
| **Patient Declined** | ☐ |

**Previous Surname** – Enter the patient's previous surname if changed since last visit.

**Email Address** – Enter the patient's email address. If not entered the Patient declined box should be completed.

**Mobile Number** – Enter the patient's mobile number. If not entered the Patient declined box should be completed.

From 1 December 2021 you will have the option to report whether a patient has declined to offer their email address and/or mobile phone number as part of the activity submission - normally a process managed through the completion of the Practice Record form (PRWe).

Please note that Patient Declined must not be completed if the patient's email address is entered.

Please note that Patient Declined must not be completed if the patient's mobile number is entered.

| | Dental Care Professional |
|---|---|

**Direct Access Clinician Type** ⌄

**A Dental Care Professional carried out all or part of the work in this course of treatment:**

**Dental Care Professional Type** ⌄

**Enter the GDC Number of the Dental Care Professional** 🔍

If a Dental Care Professional (DCP) is providing the full course of dental treatment as a Direct Access Clinician, please select the Direct Access Clinician type from the drop down list (Dental Therapist, Dental Hygienist or Clinical Dental Technician).

Please note that the boxes below this do not need completing unless another DCP clinician is assisting with the course of treatment.

**Direct Access Clinician Type** ⌄

**A Dental Care Professional carried out all or part of the work in this course of treatment:**

**Dental Care Professional Type**

**Enter the GDC Number of the Dental Care Professional**

- Dental Therapist
- Dental Hygienist
- Clinical Dental Technician

Where a DCP is assisting with a course of treatment opened by a dentist or Direct Access Clinician, select one of the DCP options available from the drop down list.

**A Dental Care Professional carried out all or part of the work in this course of treatment:**

**Dental Care Professional Type** ⌄

**Enter the GDC Number of the Dental Care Professional**

- Dental Therapist
- Dental Hygienist
- Dental Nurse
- Clinical Dental Technician

Only one box is required to be selected.

The GDC Number of the DCP must be entered, this can be completed by clicking on the magnifying glass next to the box and selecting from the list, or alternatively manually entering their GDC number. The system will automatically insert the mandatory leading zeroes and show the name of the DCP to the right of the box.

When a DCP GDC Number is entered, one of the DCP options must be selected and vice versa otherwise the form will be rejected. Any DCP whose details are entered here must be present on the DCP GDC register and must be registered at of the Date of Acceptance entered, otherwise the form will be rejected.

Where a DCP has assisted on a course of treatment for part or all of the treatment, there

must still be the personal ID number of the clinician responsible for the course of treatment entered on the form and at least one "significant" Clinical Data Set treatment item must also be entered.

The personal ID number included on the FP17 is at the discretion of the Provider, but the recommendation is that it is either the dentist or Direct Access Clinician supervising the treatment, or alternatively the personal ID number of the contract holder.

| Treatment Dates/Incomplete | |
|---|---|

| | |
|---|---|
| For Incomplete Treatment the Band for actual Treatment provided | ▾ |
| Date of Acceptance | 📅 * |
| Date of Completion or Last Visit | 📅 * |
| ACORN Assessment Carried Out | ☐ |
| Welsh DAP New Patient | ☐ |
| Welsh New Urgent Patient Referral | ☐ |
| Patient Did Not Attend | ☐ |

**Incomplete treatment** – For banded courses of treatment commenced but not completed, select 1,2 or 3 from the drop-down list to show the work that has been completed. The patient charge will be calculated against whichever of these boxes is crossed. A charge band must also be present in Treatment Category, showing the treatment that has been started, so the band crossed in this section must be the same as, or higher than, the band crossed in Treatment Dates/Incomplete.

**Date of Acceptance** – Enter date of acceptance for the course of treatment. This is required on every form.

**Completion or Last Visit** – Enter date of completion if the course was completed, or the date of last visit if it was not completed. All forms should be submitted within two months of the date of completion. If a decision is made to mark the form as incomplete, it should be submitted as quickly as possible.

**ACORN Assessment Carried Out –** If an ACORN Assessment is carried out for the patient then please tick the box.

If this box is ticked then the form being created must include all of the following ACORN items apart from where the specified conditions apply.

- Medical History
- Social History
- Dental History
- Tooth Decay (unless the patient is edentulous)
- Total Number of Teeth in the Mouth
- Periodontitis (unless the patient is under 12 years of age)
- Other Dental Need
- Decayed Permanent Teeth (unless the patient is under 6 years of age)
  Zero value should be entered for patients without any teeth (children or adults).
- Decayed Deciduous Teeth (unless the patient is 12 years of age or over)
  Zero value should be entered for patients without any teeth (children or adults).

Note that it is not mandatory to tick this box if ACORN items are entered on screen.

To report ACORN data please reference **ACORN Assessment** section of this document.

Where no "ACORN Assessment Carried Out" indicator can be found on previous forms for the same patient under the same clinician, contract or provider within the last 12 months (or within the last specified recall time period if this is greater than 12 months) then the form will have a comment "ACORN Assessment Overdue" generated on the next pay statement (on summary of forms processed).

There are a number of additional comments that can be included on the summary of forms processed and these are as follows.

| Comment | Description | |
|---|---|---|
| Incomplete ACORN dataset supplied | On a form without ACORN Assessment Carried Out being ticked and if there are ACORN codes present but not the whole set | |
| ACORN Assessment Overdue | On a form without ACORN Assessment Carried Out indicator being ticked and if there are no data present from the list e.g. Medical, Social and Dental History, Periodontitis, Tooth Decay, and Other Dental Need | We use the presence of ACORN Assessment Carried Out indictor for previous forms dated on or after 01/04/20. |
| Full ACORN Dataset Required | On a form without ACORN Assessment Carried Out indicator being ticked where there is ACORN data present in the list e.g. Medical, Social and Dental History, Periodontitis, Tooth Decay, and Other Dental Need | Similar to **Incomplete ACORN dataset supplied** above but where we have no ACORN history |
| Missing ACORN Assessment Carried Out flag | Where we have a full or partial set of ACORN data but no ACORN Assessment Carried Out indicator being ticked | Always goes hand in hand with comment Full ACORN Dataset Required |
| ACORN | Appears on every successfully validated ACORN Assessment Carried Out indicator being ticked form | |
| Overdue ACORN Carried Out | Where there is ACORN Assessment Carried Out indicator being ticked on the form, but it's been longer than | |

| | the Designated Recall Interval since the last ACORN | |
|---|---|---|

**Welsh DAP New Patient** – If patient has been offered a routine dental appointment via the Welsh Dental Access Portal (DAP) then please tick this box.

**Welsh New Urgent Patient Referral** – If patient has been offered an urgent referral after using Health Board emergency lines or NHS 111, then please tick this box.

**Patient Did Not Attend** – If patient has been offered an urgent referral after using Health Board emergency lines or NHS 111 and subsequently failed to attend then please tick this box.

## Exemptions, Remissions & Patient Charge

| | | | | |
|---|---|---|---|---|
| Patient Under 18 ☐ | Full remission - HC2 cert ☐ | Partial remission - HC3 cert ☐ | Expectant mother ☐ | Nursing mother ☐ |
| Aged 18 in full-time education ☐ | Income support ☐ | NHS tax credit exemption ☐ | Income-based jobseeker's allowance ☐ | Pension credit guarantee credit ☐ |
| Prisoner ☐ | Exam only – under 25/60 or over ☐ | Income-related employment and support allowance ☐ | Universal Credit ☐ | |

**Patient Under 18** – Select this box if patient is under 18.

**Full Remission** – HC2W cert. – Select this box if patient is named on an HC2W certificate.

**Partial Remission** – HC3W cert. – Select this box if patient is named on an HC3W certificate.

**Expectant mother** – Select this box if the patient is pregnant.

**Nursing mother** – Select this box if the patient had a baby in the last 12 months.

**Aged 18 in full time education** – Select this box if the patient is aged 18 and in full time education.

**Income Support** – Select this box if the patient or patient's partner receives Income Support.

**NHS tax credit exemption** – Select this box if the patient is named on an NHS Tax Credit Exemption Certificate.

Please note that Tax Credit Exemption is no longer accepted on a course of treatment with the Date of Acceptance on or after 6 April 2025.

**Income-based jobseekers allowance** – Select this box if the patient or patient's partner receive Income-based Jobseekers Allowance.

**Pension credit guarantee credit** – Select this box if the patient or patient's partner receive Pension Credit Guarantee Credit.

**Prisoner** – Select this box if the patient is in prison or a young offender institution.

**Exam only under 25/60 or over** – this can only be ticked if there is an accompanying Band 1 selected. It can also only be used if the patient's age at Date of Acceptance is indeed under 25 or 60 or over.

The clinical data set item fluoride varnish can also be reported and if required must be included in the clinical data set section.

Free examination only can also be reported with all the options under Best Practice Prevention and three of the four options available under Cleaning and Instruction.  (See Clinical Data Set section).

**Income related employment and support allowance** - Select this box if the patient or patient's partner receive Income related employment and support allowance.

**Universal credit** - Select this box if the patient or patient's partner receive universal credit

**Evidence of Exemption or Remission seen** – Select either the Yes or No box to indicate whether the patient provided evidence of exemption or remission.

**Patient Charge Collected** – Enter any NHS patient charge that has been collected for this course of treatment.

## Treatment Category

| Band 1 | ☐ | Band 2 | ☐ | Band 3 | ☐ | Urgent treatment | ☐ | Regulation 11 replacement appliance | ☐ |
|--------|---|--------|---|--------|---|------------------|---|-------------------------------------|---|
| Prescription only | ☐ | Denture repairs | ☐ | Bridge repairs | ☐ | Arrest of bleeding | ☐ | Removal of sutures | ☐ |

**Band 1** – Select this box for a band 1 course of treatment.

**Band 2** – Select this box for a band 2 course of treatment.

**Band 3** – Select this box for a band 3 course of treatment.

**Urgent treatment** – Select this box for treatment that falls in the urgent treatment category.

**Regulation 11 replacement appliance** – Select this box if a non-orthodontic replacement appliance under Regulation 11 has been provided –a patient's charge needs to be entered which should be 30% of the band 3 charge per appliance.

**Prescription only** – Select this box if the only treatment provided during this course of treatment is the issue of a prescription. No patient charge will be deducted.

**Denture repairs** – Select this box if the only treatment provided during this course of treatment is for denture repairs. No patient charge will be deducted.

**Bridge repairs** – Select this box if the only treatment provided during this course of treatment is for bridge repairs. No patient charge will be deducted.

**Arrest of bleeding** – Select this box if the only treatment provided during this course of treatment is for the arrest of bleeding. No patient charge will be deducted.

**Removal of sutures** – Select this box if the only treatment provided during this course of treatment is for the removal of sutures. No patient charge will be deducted.

**Only one of these boxes can be crossed.**

| | | | | | |
|---|---|---|---|---|---|



**Cleaning and instruction** – multiple choice options available and any of the following can be selected.

- **Removal of plaque retentive factors (Band 1) –** this box should be selected if care includes the removal of plaque retentive factors for example calculus, and overhangs.

- **Toothbrushing Advice (null or zero Band)** - this box should be selected if tooth brushing advice, including demonstration was required.

- **Inter Dental Cleaning Aids (null or zero Band) -** this box should be selected if demonstrated (and observation of patient using ID brushes in relevant areas in the mouth).

- **Oral Hygiene Improvement Plan (null or zero Band)**

**Fluoride varnish (Band 1)** – Select this box to indicate that a topical fluoride preparation has been applied to the surfaces of any primary and permanent teeth as a primary preventive measure.

**Fissure sealants (Band 1)** – Enter the number of permanent teeth where sealant material has been applied to the pit and fissure systems as a primary preventive measure.

**Radiograph(s) taken (Band 1)** – The total number of radiographs taken should be entered in this box irrespective of the type or size. For example, 2 bite wings and 1 panoral = 3 radiographs.

**Permanent fillings (Band 2)** – Enter the number of teeth (not the total number of individual restorations) that have been therapeutically treated by the placement of directly applied permanent restorations, namely:

- Permanent fillings in amalgam, composite resin, synthetic resin, glass ionomer, compomers, silicate or silicophosphate materials (includes any acid-etch or pin retention).
- Sealant restorations involving the placement of composite resin, glass ionomer or compomer material.

**Non-surgical extraction (Band 2)** – The number of teeth extracted should be entered into this box.

**Surgical removal (Band 2)** - The number of teeth removed should be entered into this box. This also includes surgical removal of a buried root, unerupted tooth, impacted tooth or exostosed bone.

**Endodontic Molar (root treatment) (Band 2)** – The number of molar teeth endodontically treated should be entered in this box.

**Endodontic non-Molar (root treatment) (Band 2)** – The number of non-molar teeth endodontically treated should be entered in this box.

**Patient presented with –** one of following needs to be reported on every FP17W

- Routine Visit
- Pain/Infection
- Other/Advice

**Plaque Score –** you can indicate whether the patient has a Low,   Medium or High Plaque Score

**Examination –** One of following needs to be reported on every FP17W if an ACORN Assessment has not been carried out.

- Exam Not Possible
- Interim Care Review
- Exam Not Necessary

Examination not possible is defined as when a clinical examination is not possible and should be a rare event for example Special Care Dentistry patients and pre-cooperative children i.e. 1 year old attending with a parent for preventive visit.  A full assessment of risk factors and appropriate prevention is still expected for these patients.

**Referral for advanced mandatory services** – Enter the band of the treatment to be provided under advanced mandatory services. In "Treatment Category", enter the band of the treatment provided by the clinician referring the patient. The collection of the patient

charge is the responsibility of the referring clinician and is based on the charge band for the entire course of treatment.

**Upper Denture (Acrylic) (Band 3)** – This box is completed when an acrylic or resin-based denture is provided (i.e. full or partial denture). The number of teeth present on the denture should be entered.

**Lower Denture  (Acrylic) (Band 3)** – This box is completed when an acrylic or resin-based denture is provided (i.e. full or partial denture). The number of teeth present on the denture should be entered.

**Upper Denture (Metal) (Band 3)** – This box is completed when a metal-based denture is provided (i.e. full or partial denture). The number of teeth present on the denture should be entered.

**Lower Denture (Metal) (Band 3)** – This box is completed when a metal-based denture is provided (i.e. full or partial denture). The number of teeth present on the denture should be entered.

**Veneer(s) (Band 3) –** This is the number of teeth that have been provided with laboratory fabricated veneers in permanent materials in accordance with the materials listed in Schedule 3 Band 3 Charges – Provision of Appliances of the National Health Service (Dental Charges) Regulations 2005. They may be on the labial or palatal surface.

**Onlay with cusp coverage (Band 3)** – Enter the number of teeth,  this is to be used for reporting laboratory fabricated restorations i.e. indirect restoration on teeth that require one or more cusp coverages and teeth that cannot be satisfactorily restored using direct restoration techniques and materials

**Bridge(s) fitted (Band 3)** – This box is completed when a bridge or more than one bridge is fitted. The number entered is the total number of units that the bridge(s) spans. For example, you should include the number of retainers and pontics together. Adhesive bridges are entered in a similar manner and the total number of units includes the pontic(s) and any associated 'wings'.

**Prevention and Stabilisation (Band 2) – Enter the number of teeth;**     if a patient is suffering from high tooth decay rate that extend to dentine and beyond, practices can work with the patient to stabilise the teeth with active tooth decay first, with a view of controlling risk factors, before carrying out definitive restorative treatments.

Prevention including the application of fluoride varnish (when not contraindicated) and the prescription of appropriate high strength fluoride toothpaste is expected on these patients. Stabilisation, advice and review can be provided over several repeat visits in the first course of treatment. A definitive treatment plan will be agreed with the patient dependent on their ability and willingness to make the necessary changes to their behaviour – any non-compliance needs to be recorded. Following the first course of treatment, advice may need to be repeated to secure engagement. Each course of treatment may have 2 or more visits and in general will be a Band 1, 3 months apart. Band 2 stabilisation should not normally be required more than once per year per patient.

**Crown(s) provided (Band 3)** – The figure entered in this box is the number of teeth that have been provided with laboratory-fabricated permanent crowns as a finished restoration on this course of treatment.

- The crowns may be full or three-quarter crowns but must be in a permanent material, in accordance with the materials listed in Schedule 3 Band 3 Charges – Provision of Appliances of the National Health Service (Dental Charges) Regulations 2005. Any post, pins or cores for retention are not counted separately.

**Pre-formed crowns (Band 2)** – Enter the number of teeth for treatment for children e.g. preformed crown on D's and E's using Hall Technique.

**Other treatment** – This box should be completed when any treatment has been provided for which there is no appropriate clinical dataset item. This item can be entered in addition to other clinical data items but cannot be reported as a standalone item if entered on a Band 2 or 3 course of treatment.

**Advanced Perio RSD (Advanced periodontitis and root surface debridement) (Band 2) –** You need to record the number of sextants.

The ACORNs and its utilities cover this element.

Advanced Perio RSD, which is also known as comprehensive sub-gingival debridement, is usually required to stabilise active periodontitis (categorised as Red on the ACORN) once patients risk factors have been controlled, including patients maintaining good plaque control.  Please refer to All Wales GDS Periodontal Care Pathway for details/guidance

**Custom made occlusal appliances hard bite (Band 3)** – Select this box to indicate that a hard custom-made occlusal appliance has been fitted.

**Custom made occlusal appliances soft bite (Band 3)** – Select this box to indicate that a soft custom-made occlusal appliance has been fitted.

**Denture additions/reline/rebase (Band 2)** – Select this box to indicate whether a denture had additions,  relines or rebasing.

**Aerosol generating procedures** – Enter the number of appointments for treatment involving aerosol generating procedures.

**Caries Treatment Offered but Further Self Care Improvement required –** Select this box to indicate whether statement reflects care of the patient.

**Perio Treatment Offered but Further Self Care Improvement required –** Select this box to indicate whether statement reflects care of the patient.

**Virtual Consultation Provided as Part of the Course of Treatment –** Select this box to indicate whether statement reflects care of the patient.

**Best Practice Prevention –** multiple choice options available and more than one of the following can be selected if appropriate to the care of the patient

- Dietary Changes Agreed
- Brief Intervention in Smoking/Tobacco Use and Referral
- Brief Intervention in Alcohol Use and Referral
- Advice on Fluoride Toothpaste and Spit No Rinse

**Basic Periodontal Exam Score –** BPE sextant scores can be reported provided all quadrants are included.
Each of the codes must be accompanied by a quantity as follows

| | | | | |
|---|---|---|---|---|
| • | 0 | Score of 0 | 10 | Score of 0 with Furcation Involvement |
| • | 1 | Score of 1 | 11 | Score of 1 with Furcation Involvement |
| • | 2 | Score of 2 | 12 | Score of 2 with Furcation Involvement |
| • | 3 | Score of 3 | 13 | Score of 3 with Furcation Involvement |
| • | 4 | Score of 4 | 14 | Score of 4 with Furcation Involvement |
| • | 5 | Dash symbol (-) | | |

**Prescribed Items –** If the form has been submitted with a treatment category of "Prescription Only" then at least one of the following needs to be selected from the list.

Antibiotic
High Fluoride Toothpaste/Daily Rinse
Oral Hygiene Mouthwash
Oral Medicine Mouthwash/Spray
Analgesics
Antifungals/Antivirals
Anxiolysis
Artificial Saliva Products

## ACORN Assessment

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Medical History** | ⌄ | **Social History** | ⌄ | **Dental History** | ⌄ | **Tooth Decay** | ⌄ |
| **Total Number of Teeth in Mouth** | (No. Teeth) | **Periodontitis** | ⌄ | **Other Dental Need** | ⌄ | **Decayed Permanent Teeth** | (No. Teeth) |
| **Decayed Deciduous Teeth** | (No. Teeth) | | | | | | |

**Medical History** – please select Yellow or Green in respect of the relevant **medical** history which impacts on oral health and/or dental care planning

**Social History** – please select Yellow or Green in respect of the relevant **social** history which impacts on oral health and/or dental care planning

**Dental History** – please select Yellow or Green in respect of the relevant **dental** history which impacts on oral health and/or dental care planning

**Tooth Decay** – please select **Red** (Active tooth decay into dentine or beyond), **Amber** (Active tooth decay within enamel only) or **Green** (No active tooth decay seen in respect of tooth decay.  If you enter a RAG status of **Red** you are also required to indicate the number of Decayed Deciduous Teeth and/or Decayed Permanent Teeth

**Total Number of Teeth in Mouth** – please enter the total number of teeth,  enter zero if the patient is edentulous.

**Periodontitis** – please select **Red** (Pocket depths ≥ 5mm OR ≥ 4mm with BoP), **Amber** (BoP ≥10% of sites AND pocket depths ≤ 4mm AND no BoP at 4mm site) or **Green** (BoP < 10% of sites AND pocket depths ≤ 4mm AND no BoP at 4mm sites) in respect of periodontal health.

Please select periodontal examination not possible where applicable.

Please select whether patient is edentulous.

**Other Dental Need** – please select **Red** (Dental treatment is required (e.g. repair of cusp fracture), **Amber** (no treatment is required now but regular review is needed for monitoring) or **Green** (no other need identified) in respect of other dental need.

Examples of other dental need include tooth surface loss, dental trauma, repair and maintenance (e.g. cusp fracture), removal of overhangs, denture replacement required, etc.

**Decayed Deciduous Teeth –** where applicable please enter the number of decayed deciduous teeth if the status for tooth decay is Red.

Entry for decayed deciduous teeth is only mandatory for patients under the age of 12.

**Decayed Permanent Teeth –** where applicable please enter the number of decayed permanent teeth if the status for tooth decay is Red.

Entry for decayed permanent teeth is only mandatory for patients 6 years and over.

| | Other (services) |
|---|---|

| | |
|---|---|
| Treatment on referral | ☐ |
| Free repair/replacement | ☐ |
| Further treatment within 2 months | ☐ |
| Domiciliary services | ☐ |
| Sedation services | ☐ |
| I have assessed and communicated risks and agreed a personalised prevention and a clinical dental care plan with the patient. Shared decision making principles have been followed in agreeing the next review/ACORN date in | ☐ months |

**Treatment on referral** – Select this box if you are treating a patient that has been referred to you. If the referral is for advanced mandatory services, no patient charge will be deducted. If the patient is referred for Additional Services (Sedation or Domiciliary services) a charge will be taken, as this is considered a new course of treatment. A charge band in "Treatment Category" must also be present.

**Free repair/replacement** – Select this box if a restoration (Permanent Filling or Sealant Restoration/Root Filling, Crown or Inlay) has to be repaired or replaced within 12 months. The box should be selected even if a patient charge is not applicable. A charge band in "Treatment Category" must also be present and should be the band appliable to the course of treatment this should be entered in patient charge collected box in "Exemptions, Remissions & Patient Charge", otherwise no patient charge will be deducted. A charge band in "Treatment Category" must also be present and should be the band applicable to the whole course of treatment.

**Further treatment within 2 months** – Select this box if this course of treatment was required within two months of the completion of a previous course of treatment and is in the same or lower band. This applies to all patients whether exempt/remitted from charges or charge payers. No patient charge will be deducted if applicable.

This does not apply if the original course of treatment was either 'urgent' treatment or was incomplete treatment. Additionally, if an 'urgent' treatment is required at any point within two months this cannot be claimed as continuation and must be claimed as a separate course of treatment. A patient charge will be deducted if applicable.

**Domiciliary services** – Select this box if domiciliary services have been provided. If treatment has been provided, then a charge band in "Treatment Category" should be crossed and a patient charge will be deducted if applicable

**Sedation services** – Select this box if sedation services have been provided. If treatment has been provided, then a charge band in "Treatment Category" should be crossed and a patient charge will be deducted if applicable.

**The Next Review/ACORN date** - select this box to state the recall interval. This should be between 3 and 24 months. If it has not been possible to provide the patient with a recommended recall interval, leave this part of the form blank.

| Ethnic Origin |
|---|

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| White British | ☐ | White Irish | ☐ | Other White Background | ☐ | White and Black Caribbean | ☐ | White and Black African | ☐ |
| White and Asian | ☐ | Other Mixed Background | ☐ | Asian or Asian British Indian | ☐ | Asian or Asian British Pakistani | ☐ | Asian or Asian British Bangladeshi | ☐ |
| Other Asian background | ☐ | Black or Black British Caribbean | ☐ | Black or Black British African | ☐ | Other Black background | ☐ | Chinese | ☐ |
| Any other ethnic group | ☐ | Patient declined | ☐ | | | | | | |

Enter the patient's ethnicity. Only where the patient declines to provide their ethnicity, select the patient declined box.

This information is essential to contribute to an understanding of and response to oral health inequalities.

## Clinician Declaration

| | |
|---|---|
| All the necessary prevention, care and treatment that the patient is willing to undergo will be provided | ☐ |
| All the necessary prevention, care and treatment that the patient is willing to undergo has been carried out | ☐ |
| I declare that I am properly entitled to practice under the current dental regulations and that the information I have given on this form is correct and complete. I understand that if it is not, appropriate action may be taken. For the purpose of verification of this and the prevention and detection of fraud and incorrectness, I consent to the disclosure of relevant information from this form to and by the NHS Business Services Authority | ☐ |

**Clinician Declaration** – The declaration must be completed by a qualified clinician on every form. This would normally be the clinician responsible for the course of treatment.

All three declarations should be selected on every form submitted, with the exception of courses of treatment where the clinician decides to discontinue treatment. In this instance, only the first and last boxes should be selected.

The declaration should also be replicated in Dental Practice Software Systems

**Contact us:**

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