Revision 9 the FP17 is coming into effect on 1 April 2016. The changes to the form are:

- Part 4 – inclusion of the universal credit exemption category
- Part 4 – change to the evidence of exemption or remission seen indicator
- Part 5a – inclusion of the decayed, missing and filled indicators
Part 1

Patient's NHS No.
Enter the 10 digit NHS number, this is an optional field.

Provider Name Address and Contract Number
Enter the name address and contract number of the provider using the stamp that has been provided. This is required on every form.

Performer number same as provider
Put a cross in this box if the 6 digit performer number for this course of treatment is the same as the 6 digit provider number.

Performer number
Enter the 6 digit number of the performer responsible for this course of treatment.

Either the performer number or a cross in the ‘Performer number same as Provider’ box must be present on every form.

Part 2

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

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

House Number followed by street - Enter the patient house number or name and street. This is required on every form.

City or Town - Enter the city or town of the patient address.

County - Enter the county of the patient address.

Postcode - Enter the patient postcode.

Previous Surname – Enter the previous surname if the patient’s surname has changed since their last course of treatment was submitted.

Title – Enter the patient title. For example Mr, Mrs, Miss.

Sex – Sex of patient, cross M for Male or F for Female. This is required on every form.

Date of Birth – Enter the patient date of birth 8 numerics, format ddmmyyyy. This is a required on every form. For example, 6 May 1990 is 06051990.
### Part 3

**Incomplete treatment** – For banded courses of treatment commenced but not completed, cross one of the boxes 1, 2 or 3 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 part 5, showing the treatment that has been started, so the band crossed in part 5 must be the same as, or higher than, the band crossed in part 3.

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

**Completion same as Acceptance Date** – Cross this box if the date of completion is the same as the date of acceptance.

**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 2 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.

It is a mandatory requirement to enter either Completion same as Acceptance Date or Completion or last visit.

### Part 4

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

**Full Remission – HC2 cert.** – Cross this box if patient is named on an HC2 certificate.

**Partial remission – HC3 cert.** – Cross this box if patient is named on an HC3 certificate.

**Expectant Mother** – Cross this box if the patient is pregnant.

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

**Aged 18 in full time education** – Cross this box if the patient is aged 18 and under 19 and in full time education.

**Income Support** – Cross this box if the patient or patient’s partner receives Income Support.

**NHS Tax Credit Exemption** – Cross this box if the patient is named on a NHS Tax Credit Exemption Certificate.

**Income-based Jobseekers Allowance** – Cross this box if the patient or patient’s partner receives Income-based Jobseekers Allowance.

**Pension Credit Guarantee Credit** – Cross this box if the patient or patient’s partner receive Pension Credit Guarantee Credit.

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

**Income related employment and support allowance** – Cross this box if the patient or patient’s partner receive Income related employment and support allowance.

**Universal Credit** – Cross this box if the patient or patient’s partner receive universal credit.

**Evidence of Exemption or Remission seen** – Cross 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.
**Part 5**

<table>
<thead>
<tr>
<th>Band 1</th>
<th>Band 2</th>
<th>Band 3</th>
<th>Urgent treatment</th>
<th>Regulation 11 replacement appliance</th>
<th>Prescription only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Band 1** – Cross this box for a course of treatment that falls into charge band 1.

**Band 2** – Cross this box for a course of treatment that falls into charge band 2.

**Band 3** – Cross this box for a course of treatment that falls into charge band 3.

**Urgent Treatment** – Cross this box for treatment that falls in the band 1 urgent treatment category.

**Regulation 11 replacement appliance** – Cross this box if a non orthodontic replacement appliance under regulation 11 has been provided – Parts 1,2,3 need to be completed and a patient charge entered in part 4 which should be 30% of the band 3 charge per appliance.

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

**Bridge Repairs** – Cross 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** – Cross 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** – Cross 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 on each form.**

**Part 5A**

<table>
<thead>
<tr>
<th><strong>Scale and Polish</strong></th>
<th><strong>Fluoride Varnish</strong></th>
<th><strong>Fissure Sealants</strong></th>
<th><strong>Radiographs taken</strong></th>
<th><strong>Endodontic treatment</strong></th>
<th><strong>Permanent Fillings and Sealant Restorations</strong></th>
<th><strong>Extractions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
<td>6</td>
</tr>
</tbody>
</table>

**Scale and Polish** – This box should be crossed if a scale and polish is carried out.  

**Fluoride Varnish** – Cross this box to indicate that a topical fluoride preparation has been applied to the surfaces of any permanent teeth as a primary preventive measure.

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

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

**Endodontic treatment** – The number of teeth endodontically treated should be entered in this box.

**Permanent Fillings and Sealant Restorations** – 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 of pin retention).

- Sealant restorations involving the placement of composite resin, glass ionomer or compomer material.

**Extractions** – The number of teeth extracted should be entered into this box. This also includes surgical removal of a buried root, unerupted tooth, impacted tooth or exostosed tooth.
Crown(s) provided – 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. Any post, pins or cores for retention are not counted separately.

Upper denture – Acrylic – 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 – 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 – 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 – 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) applied – This is the number of teeth that have been provided with laboratory fabricated veneers in any permanent material. They may be on the labial or palatal surface.

Inlay(s) – The number of teeth provided with inlays, pinlays or onlays, using an indirect technique and permanent material.

Bridge(s) fitted – 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 (i.e. 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’.

Referral for advanced mandatory services – Enter the band of the treatment to be provided under advanced mandatory services. In Part 5 (Treatment Category) enter the band of the treatment provided by the Performer referring the patient. The collection of the patient charge is the responsibility of the referring performer and is based on the charge band for the entire course of treatment.

Examination – cross this box when carrying out an examination for treatment planning purposes which would normally include charting of the teeth, recording of the periodontal condition and soft tissue examination all of which would be detailed with other necessary clinical details on the clinical record.

Antibiotic Items Prescribed – This box is completed when the patient is issued with a prescription containing antibiotic items. The number of antibiotic items should be entered (i.e. the number of antibiotic treatments rather than the number of pills).

Other Treatment – This box should be completed when any treatment has been provided for which there is no appropriate clinical dataset item in part 5a. This item can be entered in addition to other clinical data.

DMF - Decayed teeth - Permanent (teeth with established caries) - Enter the number of permanent teeth that are decayed for all patients aged 6 years and over. If a tooth has decay and is also restored, count the tooth as decayed.

Missing teeth - Permanent (Where a tooth has been extracted) – Enter the number of permanent teeth that are missing for all patients aged 12 years and over. Only count a tooth as missing if you are confident that that tooth was extracted.

Filled teeth - Permanent – Enter the number of permanent teeth that are filled / restored for all patients aged 12 year and over. Include temporary restorations.

Decayed teeth - Deciduous (teeth with established caries) - Enter the number of deciduous teeth that are decayed for all patients up to and including patients aged 11. If a tooth has decay and is also restored, count the tooth as decayed.

Missing teeth - Deciduous (Where a tooth has been extracted) – Enter the number of deciduous teeth that are missing for all patients aged 6 years and under. Only count a tooth as missing if you are confident that that tooth was extracted and not exfoliated. Deciduous teeth ULA, ULB, URA, URB, LLA, LLB, LRA, LRB should be excluded from the count.

Filled teeth - Deciduous – Enter the number of deciduous teeth that are filled / restored for all patients aged 6 years and under. Include temporary restorations.

NB: If there are no teeth in any of these categories or a category is not appropriate due to the age of the patient, enter a value of zero.

Best practice prevention according to Delivering Better Oral Health offered - This box should be completed prior to submitting the FP17. It should be ticked if you have followed the guidance as detailed in Delivering Better Oral Health. The latest edition can be found at [https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention](https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention)
### Part 6

<table>
<thead>
<tr>
<th>Treatment on Referral</th>
<th>Free repair/replacement</th>
<th>Further treatment within 2 months</th>
<th>Domiciliary services</th>
<th>Sedation services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cross 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 part 5 must also be present.</td>
<td>Cross this box if a restoration has to be repaired or replaced within 12 months of being provided. This applies to all patients whether exempt / remitted from charges or charge payers. If other treatment is also provided on the same course of treatment and a patient charge is applicable, this should be entered in patient charge collected box in part 4, otherwise no patient charge will be deducted. A charge band in part 5 must also be present and should be the band applicable to the whole course of treatment.</td>
<td>Further treatment within 2 months – Cross this box if this course of treatment was required within 2 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. In this circumstance no patient charge will be deducted. 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 2 months this cannot be claimed as continuation and must be claimed as a separate course of treatment. In these circumstances a patient charge will be deducted.</td>
<td>Domiciliary Services – Cross this box if domiciliary services have been provided. If treatment has been provided then a charge band in part 5 should be crossed and a patient charge will be deducted.</td>
<td>Sedation Services – Cross this box if sedation services have been provided. If treatment has been provided then a charge band in part 5 should be crossed and a patient charge will be deducted.</td>
</tr>
</tbody>
</table>

### Part 7

This box should be completed to show the recommended recall interval. The number of months 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.

### Part 8 - For NHSBSA use only
Part 9 Declaration – The declaration must be signed and dated by a qualified dentist on every form. This would normally be the Performer responsible for the course of treatment.

Both declarations should be crossed on every form submitted, with the exception of courses of treatment where the Performer decides to discontinue treatment. In this instance, only the first box is crossed.

Reverse of form - Patient declaration

Patient declaration

All patients must read and sign this section before NHS dental services are provided. This may be signed and dated contemporaneously by the patient’s representative, as long as this is someone who is not connected with the dental practice.

The patient can enter their ethnic group, but if they are not prepared to, cross the Patient declined box.
Claim for free or reduced cost NHS dental services

You must read this form before you sign it. Only sign it if it is correct.

The patient must complete this section if they are claiming an exemption or remission. The patient must read the form before they complete it.

The patient must place a cross in a), b), c) or d), depending on the reason they are claiming an exemption or remission and enter the additional information that is required.

Please do not indicate where the patient should complete the form. It is the patient's responsibility to make this claim. Please ask them to read the form and complete the section that applies to them. Please do not advise them about their entitlement.

This may be signed and dated contemporaneously by the patient's representative as long as this is someone who is not connected with the dental practice.
NHS Business Services Authority (NHSBSA)

The NHSBSA was established following the 2004 review of bodies operating at arm’s length from the Department of Health (DH). The NHSBSA brought together five of these bodies into a single, unified organisation from 1 April 2006.

In establishing the NHSBSA, the DH defined it as “The main processing facility and centre of excellence for payment, reimbursement, remuneration and reconciliation for NHS patients, employees, and other affiliated parties”.

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