

# NHS Dental Services

Guidance for the completion of PRW  
(practice record form) in Wales



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# Introduction

## What is an PRW form?

The PRW form is a legal document that's part of a patient's dental records. It forms the basis of any NHS electronic (EDI) PRW claim that a practice makes. It's a requirement that the PRW form be fully complete and retained as part of the patient's records. There are two language versions of the Welsh PRW form: (1) PRWe (English language); and (2) PRW (Welsh language).

The electronic version of the form is used by dental system suppliers for the electronic capture of a patient's signature and exemption / remission entitlement.

## When should an PRW form be completed?

An PRW form must be completed for each course of NHS dental treatment where a practice submits their PRW claims via EDI or the online form in Compass.

## Where can I obtain the PRW form from?

If you're based in Wales you need to contact your Commissioner (Local Health Board).

## What is an PRWeES form?

The PRWeES form is an electronic version of the paper-based PRWe form, both in English language. The equivalent forms in Welsh language are the PRWES (electronic) and PRW (paper-based).

## Scope of this guide

This short guide has been produced to:

- ▶ help dental teams support patients to complete the Practice Record (PRW) form
- ▶ signpost to resources that will help patients to:
  - find their NHS number
  - check whether they are eligible for help towards NHS dental treatment
- ▶ address questions around the information required on the form and why this is collected

This guide can also be used as a training tool for individuals new to NHS dentistry.

This guide is to be used for the completion of Practice Record (PRWe) forms for general, urgent and orthodontic courses of NHS dental treatment in Wales.

## Patient information

### For completion by the practice:

PRWe (01/10/2023 R11) Practice Record Form - Patient Declaration

ONE FORM MUST BE COMPLETED FOR EACH COURSE OF TREATMENT  
This form is to be retained in the Dental Practice unless requested by the NHSBSA or other authorised body

PATIENT INFORMATION (TO BE COMPLETED BY THE DENTAL PRACTICE)

Provider name, address and location number

Patient's NHS Number

SURNAME (in CAPITALS)

FORENAME (in CAPITALS)

Date of Birth

ETD Claim Reference Number

Evidence of exemption or remission seen Yes No

Date of acceptance

Date of completion or last visit

GIG CYMRU NHS WALES

A1

A2

A3

A4

A5

A6

A7

A8

A9

### A1 – NHS Number

Please enter your patient's NHS number. Your patient's NHS number is a 10-digit number, like 485 777 3456. NHS numbers help to **identify patients correctly and accurately link their details to their oral health records.**

Please ask your patients for their NHS number, and if they do not know it, they can find it through these options:

- **NHS documents**  
Your patients can find their NHS number on any letter or document they have received from the NHS, including test results and hospital referral or appointment letters. They can also find their NHS number on a prescription.
- **Wales NHS App**  
Coming soon.

### A2 – Surname

Please enter your patient's surname in CAPITAL letters. Please use their full surname as registered with your dental practice. Do not use abbreviations or nicknames.

### A3 – Forename

Please enter your patient's forename in CAPITAL letters. Please use their full forename as registered with your dental practice. Do not use abbreviations or nicknames.

### A4 – Date of Birth

Please enter your patient's date of birth in format DD MM YYYY.

### A5 – ETD Claim Reference Number (Not available on electronic form version)

Please enter your patient's ETD (Electronically Transmitted Data) claim reference number. This will be unique for each course of treatment you submit via your dental practice management system.

### A6 / A7 – Evidence of exemption or remission seen

Please indicate in either the Yes (A6) or No (A7) box whether the patient provided evidence of exemption or remission from NHS dental charges.

### A8 – Date of acceptance

Please enter the date of acceptance for the course of treatment in format DD MM YY.

### A9 – Date of completion or last visit (Not available on electronic form version)

Please enter the date of completion if the course of treatment was completed, or the date of last visit if it was not completed in format DD MM YY.



# Patient declaration

## For completion by, or on behalf of, the patient:

THE REMAINDER OF THIS FORM MUST BE COMPLETED BY, OR ON BEHALF OF, THE PATIENT

### PATIENT DECLARATION (TO BE COMPLETED FOR ALL PATIENTS)

I consent to the dental provider named above, or their representative, to examine me under the NHS and to give me any necessary care and treatment that I am willing to undergo within NHS arrangements. I agree to pay the statutory charges for the NHS dental service I receive, unless I have completed a valid claim for free or reduced cost NHS dental services below, and that I may have to pay the full amount prior to treatment. I agree, if necessary, to be examined and/or to have my dental records examined by the NHS Business Services Authority (NHSBSA) or other authorised bodies. I declare that the information I give on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me.

#### Supporting Evidence

- I understand:
- a) Risk factors for dental diseases (tooth decay, gum disease, mouth cancer and other as appropriate) communicated to me by the dental team
  - b) What I need to change (e.g. stop smoking, oral hygiene at home, diet etc), if any, to prevent dental diseases
  - c) The dental treatments, if any, recommended by the dental team
  - d) Costs involved, if any, and which treatment items are being carried out under the NHS and Private

Signature

**B1**

Date

**B2**

If you are signing for the patient give details below:

Name (in CAPITALS)

**B3**

Relationship to patient

**B4**

To enable the NHS to prevent and detect fraud and mistakes, pay dentists and to secure the effective and efficient delivery of NHS and related services, relevant information on your NHS treatment may be shared with, and by the NHSBSA to Local Health Boards, Department for Work and Pensions, HM Revenue & Customs, NHS Digital, NHS Counter Fraud Authority, the Welsh Government and bodies performing functions on their behalf. Your personal data will be deleted within 10 years of receipt into our systems. Further details are available at [www.nhsbsa.nhs.uk/yourinformation](http://www.nhsbsa.nhs.uk/yourinformation)

## B1 – Signature

Please read the patient declaration above and sign here if you understand and agree to the declaration. You must sign this declaration if you wish to be examined under the NHS and receive any necessary care and treatment that you are willing to undergo within NHS arrangements. If you do not agree to the declaration, examination or treatment cannot be provided under the NHS. If you have not received sufficient information on the supporting evidence, please speak to your dental practice.

## B2 – Date

Please enter today's date in format DD MM YYYY.

**If you are signing on behalf of the patient, please also complete the following:**

## B3 – Name

Please enter your full name in CAPITAL letters.

## B4 – Relationship to patient

Please enter your relationship to the patient. For example, parent/guardian or carer.

# Patient ethnic group

For completion by, or on behalf of, the patient:

What is your ethnic group?

Please choose ONE selection from this list to indicate your ethnic group:

☐ White British

☐ White & Black African

☐ White or Asian British Pakistani

☐ Black or Black British African

☐ White Irish

☐ White & Asian

☐ Asian or Asian British Bangladeshi

☐ Other Black background

☐ Other white background

☐ Other mixed background

☐ Other Asian background

☐ White & Black Caribbean

☐ Asian or Asian British Indian

☐ Black or Black British Caribbean

☐ Chinese

☐ Any other ethnic group

☐ Patient declined

C

## C – What is your ethnic group

Please choose your ethnic group from this list. Make only one selection. **This information is used to monitor and support equal access and quality NHS dental care for all.** If you prefer not to share your ethnic group, please select “patient declined”.

# Patient contact details

For completion by, or on behalf of, the patient:

Please provide your email address and/or mobile number

Email Address

Mobile Number

D1

D2

Please note, your email address and/or mobile number held by this dental practice will be submitted to the NHSBSA for this course of treatment. Please be assured the NHSBSA will only use this information to survey you about the NHS Dental treatment you have received. If you do not want to share your email address and/or mobile number with the NHSBSA please indicate here Email D3 Mobile number D4

## D1 / D2 – Email address and/or mobile number

**D1 – Email address.** Please enter your email address.  
**D2 – Mobile number.** Please enter your mobile number.

Your email address and/or mobile number held by this dental practice will be submitted to the NHSBSA for this course of treatment. **NHSBSA will only use this information to survey you about the NHS dental treatment you have received.**

**D3 / D4 - If you do not wish to be contacted either by email or SMS, you may still be contacted via post.**

# Claim for free or reduced cost NHS dental services

For completion by, or on behalf of, the patient:



## Check before you tick

Find out if you're entitled to free NHS dental treatment using our eligibility checker:

<https://www.nhsbsa.nhs.uk/dont-get-caught-out-penalty-charges/check-you-tick>

It usually takes 3 minutes to check. If you claim **free** NHS dental treatment when you're not entitled, you could face a £100 penalty charge. Even if it's by mistake.

## Section A

### 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 is responsible for the accuracy of this claim, NOT the dental practice.

If you're not certain that you're entitled to receive free or reduced cost NHS dental services you **MUST** pay the dental practice. If you subsequently confirm that you were entitled to free or reduced cost dental services, you can claim a refund. If you have applied for a qualifying benefit or exemption certificate but have not received it yet, you must pay and claim a refund when/if you do receive it.

Checks on claims are undertaken to confirm you are entitled. Incorrect claims for free or reduced cost NHS dental services will result in a penalty charge of up to £100, in addition to the cost of NHS dental services.

You won't have the opportunity to pay for the services first to avoid the penalty charge.

a) I am entitled to free NHS dental services because on the first day of treatment:

**E1** I am under 18 years of age.

**E2** I am 18 years of age and in full time education

**E4** I am pregnant

**E5** I had a baby in the last 12 months

**E8** I am currently in prison or a young offenders institution

Enter Name of college or university

} NHS Maternity Exemption certificate/card

} Date baby due/born

D D M M Y

**Section A:** Indicate in the appropriate box if you are entitled to **free** dental services because on the first day of treatment:

**E1 – you are under 18 years of age**

**E2 – you are 18 years of age and in full time education**

**E3 – enter the name of your college or university**

**E4 – you are pregnant**

**E6 – enter your NHS maternity exemption certificate / card number**

**E7 – enter the date your baby is due in format DD MM YY**

**E5 – you had a baby in the last 12 months**

**E6 – enter your NHS maternity exemption certificate / card number**

**E7 – enter the date your baby was born in format DD MM YY**

**E8 – you are currently in prison or a young offenders institution**

**You must read this form before you sign it. Only sign it if it is correct.**  
**The patient is responsible for the accuracy of this claim, NOT the dental practice.**

## Section B

b) I am entitled to free NHS dental services because during the course of treatment I get, or am included in an award (as a claimant, partner, or dependent person under 20) of:

<b>F1</b> Income Support (Incapacity benefit and Disability Living Allowance does NOT count)	Please complete details below	
<b>F2</b> Income-based Jobseeker's Allowance (Contribution-based does NOT count)	Enter Name of college or university	<b>F6</b>
<b>F3</b> Income-related Employment & Support Allowance (Contribution-related does NOT count)	Date of Birth	<b>F7</b>
<b>F4</b> Pension Credit Guarantee Credit (Savings Credit on its own does NOT count)	Enter National Insurance Number	<b>F8</b>
<b>F5</b> Universal Credit (in the last assessment period there were no earnings, or earnings were within the allowed limit, please check at <a href="http://www.gov.wales/help-with-health-costs">www.gov.wales/help-with-health-costs</a> )		

DURING THE COURSE OF TREATMENT THESE ARE THE ONLY BENEFITS THAT ENTITLE YOU TO FREE NHS DENTAL SERVICES

**Section B:** Indicate in the appropriate box if you are entitled to free dental services because during the course of treatment you get, or are included in, an award (as a claimant, partner, or dependent person under 20) of:

### F1 – Income support

Incapacity benefit and disability allowance on its own does **NOT** count

### F2 – Income-based Jobseeker's Allowance

Contribution-based Jobseeker's Allowance on its own does **NOT** count

### F3 – Income-related Employment and Support Allowance

Contribution-based Employment and Support Allowance on its own does **NOT** count

### F4 – Pension Credit Guarantee Credit

Pension Credit (Savings Credit) on its own does **NOT** count

### F5 – Universal Credit

In the last assessment period, there were no earnings or earnings were within the allowed limit, please check at [www.gov.wales/help-with-health-costs](http://www.gov.wales/help-with-health-costs)

The Universal Credit toolkit contains information and resources to help people understand the rules around eligibility, and support them to claim free NHS dental treatment correctly [www.nhsbsa.nhs.uk/universal-credit-toolkit](http://www.nhsbsa.nhs.uk/universal-credit-toolkit)

Please also enter:

**F6 – the full name of the person receiving benefits**

**F7 – your date of birth**

**F8 – your National Insurance Number**

Your National Insurance Number is 9-characters:

2 letters, 6 numbers, then A, B, C or D, like QQ 123456 C.

**Don't know your National Insurance number? You can find it using one of the options below:**

- online through your personal tax account, [www.gov.uk/personal-tax-account](http://www.gov.uk/personal-tax-account)
- on your National Insurance card, P60, tax returns and official letters about tax, pensions or benefits



## Section C

c) I am entitled to free NHS dental services because I am named on one of the following certificates that is valid during the course of treatment:

<b>G1</b> HC2 Certificate	Enter Certificate Number	<b>G2</b>
<b>G3</b> NHS Tax Credit Exemption Certificate/Card (or entitled to one)	Enter Certificate/card Number	<b>G4</b>

(You are not automatically entitled because you receive Tax Credits; there are qualifying conditions, please check at [www.gov.wales/help-with-health-costs](http://www.gov.wales/help-with-health-costs). If you qualify you will be sent an exemption certificate/card, but if you don't have one you can use the award notice as proof).

**Section C:** Indicate in the appropriate box if you are entitled to **free** dental services because you are named on one of the following certificates that is valid during the course of treatment:

**G1 – Mark this box if you are named on a HC2 Certificate**

**G2** – enter the certificate number

**G3 – Mark this box if you are named on an NHS Tax Credit Exemption Certificate/Card\* (or are entitled to one)**

**G4** – enter the certificate or card number

You are not automatically entitled because you receive Tax Credits; there are qualifying conditions, please check at [www.gov.wales/help-with-health-costs](http://www.gov.wales/help-with-health-costs). If you qualify you will be sent an exemption certificate/card, but if you don't have one you can use the award notice as proof.

\*Tax Credit Exemption Certificate no longer qualifying benefit from 01/05/2025

## Section D

d) I am entitled to reduced cost NHS dental services because:

<b>G5</b> I am named on a HC3 certificate that is valid during the course of treatment which limits the amount I have to pay to £	<b>G6</b>	Enter Certificate Number	<b>G7</b>
<b>G8</b> I do not have to pay for my examination because I am under 25 or 60 years old or over			

**Section D:** Indicate in the appropriate box if you are entitled to **reduced cost** dental services because:

**G5 – You are named on a HC3 Certificate that is valid during the course of treatment**

**G6** – enter the maximum amount your certificate says you can pay. You'll pay either what appears on the certificate or the actual charge, whichever is the least.

**G7** – enter the certificate number

**G8 – You do not have to pay for your examination because you are under 25 or 60 years old or over.**

## Patient declaration

### For completion by, or on behalf of, the patient:

I confirm that the information I have given above is correct and complete and that I am entitled to free or reduced cost NHS dental services as above. I understand that I will have to pay for my treatment and a penalty charge of up to £100, if it is not correct and I am not entitled.

Signature **H1** Date **H2**

If you are signing for the patient give details below:

Name (in CAPITALS) **H3**

Relationship to patient **H4**

### H1 – Signature

Please read the patient declaration above and sign here if you understand and agree to the declaration. You confirm that the information given above is correct and complete and that you are entitled to free or reduced NHS dental services as above.

### H2 – Date

Please enter today's date in format DD MM YYYY.

**If you are signing on behalf of the patient, please also complete the following:**

### H3 – Name

Please enter your full name in CAPITAL letters.

### H4 – Relationship to patient

Please enter your relationship to the patient. For example, parent/guardian or carer.