

NHS Dental Services

Guidance for the completion of FP17OW
activity submissions in Wales
(April 2026)



Introduction

This guide has been produced to help providers and clinicians:

- use the online FP17OW form available in the NHSBSA Compass system
- address some of the more common questions relating to the business rules associated with the processing of FP17OWs, whether they have been submitted using the online forms or submitted using a practice management system.

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

This guide is only to be used for the submission of dental activity submissions for Orthodontic courses of NHS dental treatment in Wales.

More information about dental activity submissions for general courses of NHS dental treatment can be found on our website.

Activity Claim Creation

Contract ID	<input type="text"/>	
Personal ID	<input type="text"/>	
Location ID	<input type="text"/>	
Form Type	<input type="text"/>	 

Contract ID - Enter the 10 digit contract ID of the provider.

Personal ID - Enter the 6 digit personal ID of the clinician responsible for this course of treatment. This may pre-populate following Compass log-in or can be entered manually.

Location ID - Enter the 6 digit location ID. This may pre-populate or enter manually.

The Contract ID, Personal ID, and Location ID must be entered on all forms.

Form Type - Select FP17OW from the drop-down list.

Patient Information

Patient ID	<input type="text"/>
NHS Number	<input type="text"/>
Surname	<input type="text"/>
Forename	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Post Code	<input type="text"/>
Sex	<input type="text" value="Please Select..."/>
Date of Birth	<input type="text"/>

Patient's NHS Number - Enter the patient's 10 digit NHS number. The following codes are accepted for patients who do not have an NHS number:

- 1111111111 = Non-registered UK resident
- 2222222222 = Non UK resident
- 3333333333 = Data sharing consent not given
- 4444444444 = NHS number not found (this must not be used because the patient was not asked for their NHS number)

Surname - Enter the patient's surname, you can use up to 14 characters.

Forename - Enter the patient's forename, you can use up to 14 characters.

Address - Enter the patient's house number or name, and the street name.

Postcode - Enter the patient's postcode.

Sex – Select the patient's sex at birth, M for Male or F for Female.

Date of Birth – Enter the patient's date of birth in format ddmmyyyy.

The patient's name, address, sex, and date of birth must be included on every form.

Previous Surname
(If changed since last visit)

Email Address

Patient Declined

Mobile Phone Number

Patient Declined

Previous Surname – Enter the patient’s previous surname if it has changed since their last visit.

Email Address – Enter the patient’s email address. If not entered, the ‘Patient Declined’ box should be completed. The ‘Patient Declined’ box must not be completed if the patient’s email address is entered.

Mobile Number – Enter the patient’s mobile number. If not entered, the ‘Patient Declined’ box should be completed. The ‘Patient Declined’ box must not be completed if the patient’s mobile number is entered.

Exemptions, Remissions & Patient Charge

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

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

Full Remission – HC2 cert. – Select this if patient is named on a valid HC2W certificate.

Partial Remission – HC3 cert. – Select this if patient is named on a valid HC3W certificate.

Expectant mother – Select this if the patient is pregnant.

Nursing mother – Select this if the patient has given birth in the last 12 months.

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

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

NHS tax credit exemption – Select this 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 if the patient or patient's partner receive Income-based Jobseekers Allowance.

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

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

Exam only under 25/60 or over – This can only be used if the patient's age at Date of Acceptance is under 25 or 60 or over. This exemption is not used on orthodontic claims in Wales.

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

Universal credit - Select this if the patient or patient's partner receive universal credit and they meet the qualifying criteria.

Evidence of Exemption or Remission seen – Select either Yes or No 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.

Orthodontic Data Set

Aerosol Generating Procedure	<input type="text"/>	(No. of appointments)	Removable upper appliance	<input type="checkbox"/>	Removable lower appliance	<input type="checkbox"/>	Fixed upper appliance	<input type="checkbox"/>
Radiograph(s) taken	<input type="text"/>	(Number)	Functional appliance	<input type="checkbox"/>	Retainer upper	<input type="checkbox"/>	Retainer lower	<input type="checkbox"/>
Fixed lower appliance	<input type="checkbox"/>							

Extractions

Search Quadrant

Quadrant	Tooth	Action

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Aerosol Generating Procedure (AGP) – This field is to be completed to record the number of AGP appointments provided as part of the course of treatment. Submission of AGP information is optional.

Radiographs – Enter the number of radiographs proposed/obtained.

Removable Upper Appliance – Select this if this appliance was provided.

Removable Lower Appliance – Select this if this appliance was provided.

Fixed Upper Appliance – Select this if this appliance was provided

Fixed Lower Appliance – Select this if this appliance was provided.

Functional Appliance – Select this if this appliance was provided.

Retainer Upper – Select this if this appliance was provided.

Retainer Lower – Select this if this appliance was provided.

Extractions –Select the quadrant or quadrants for the tooth notation or notations for extractions proposed or performed. Each quadrant must be entered separately.

Orthodontic Assessment & Treatment Start

To be completed on assessment or at the fitting of the first appliance.

The patient's age is calculated using the Date of Referral.

If the patient is aged under 18 at the Date of Referral on an assessment claim, the 'Patient Under 18' box must be ticked.

If the patient is aged 18 or over at the Date of Referral on an assessment claim, the 'Patient Under 18' box must not be ticked.

If 'Aged 18 in Full Time Education' is selected, the patient must be aged 18 at the Date of Referral.

Assessment & review	<input type="checkbox"/>	Assess & refuse treatment	<input type="checkbox"/>	Assess & appliance fitted	<input type="checkbox"/>
IOTN	<input type="text" value=""/>	Aesthetic component	<input type="text" value=""/>	IOTN not applicable	<input type="checkbox"/>
Date of Referral	<input type="text" value=""/>				
Date of Assessment	<input type="text" value=""/>				
Date Appliance Fitted	<input type="text" value=""/>				

Assessment & Review – Select this if an assessment has been performed and NHS orthodontic treatment is indicated, but the patient is not ready to start. A date of assessment and IOTN score must be present. If the IOTN score is 3, the Aesthetic Component must also be completed.

Assessment & Refuse Treatment – Select this if an assessment has been performed but NHS orthodontic treatment is deemed unnecessary or inappropriate. A date of assessment and IOTN score must be present. If the IOTN score is 3, the Aesthetic Component must also be completed.

Assessment & Appliance Fitted – Select this if an assessment has been performed and an orthodontic appliance has been fitted.

The following must be present.

- date of assessment (this can be the re-assessment date after an assess and review claim submission, or could be the same as the appliance fit date)
- date appliance fitted
- IOTN score.
- Aesthetic Component (if the date of assessment is on or after 1 April 2019). If a claim has a date of assessment before 1 April 2019 and the IOTN score is 3, the Aesthetic Component must be completed.

If the patient is not exempt from paying, they must pay the appropriate charge.

If a patient commences a course of treatment, a second form must be submitted on completion or termination of treatment.

IOTN – Enter the IOTN Dental Health Component. If the value is 3, the Aesthetic Component must also be completed.

Aesthetic component – Enter the IOTN Aesthetic Component. Aesthetic Component is mandatory for Appliance Fit claims.

IOTN not applicable – Select this if an IOTN assessment is not possible. For example, transfer cases with fixed appliances in situ.

Date of Referral – Enter the date the referral was received (this is mandatory for Assessment claims). The Date of Referral must be on or before the Date of Assessment.

Date of Assessment – Enter the date of assessment on all assessment forms.

Date Appliance Fitted – Enter the date the first appliance was fitted for this course of treatment. The Date Appliance Fitted must be on or after the Date of Assessment

Orthodontic Conclusion

To be completed on conclusion or termination of orthodontic treatment

Treatment abandoned - patient failed to return	<input type="checkbox"/>	Treatment abandoned - patient requested	<input type="checkbox"/>	Treatment discontinued	<input type="checkbox"/>	Treatment completed	<input type="checkbox"/>	PAR scores calculated Y/N	<input type="checkbox"/>
IOTN	<input type="text"/>	Aesthetic component	<input type="text"/>	IOTN not applicable	<input type="checkbox"/>	Pre-Treatment PAR Score	<input type="text"/>	Post-Treatment PAR Score	<input type="text"/>
	(1-5)		(1-10)						
Date of Completion or Last Visit	<input type="text"/>								

Treatment abandoned - patient failed to return – Select this if the active treatment was abandoned because the patient failed to return. A date of last visit must be present.

Treatment abandoned - patient requested – Select this if the active treatment has been abandoned at the patient's request. A date of last visit must be present.

Treatment discontinued – Select this if the clinician decides active treatment is to be discontinued. A date of last visit must be present.

Treatment completed – Select this if the active treatment has been completed. A date of completion must be present.

PAR scores calculated – Select 'Y' or 'N' if a PAR score has been calculated or not.

IOTN - Enter the IOTN Dental Health Component.

Aesthetic component – Enter the IOTN Aesthetic Component.

IOTN not applicable – Select this if an IOTN assessment is not possible.

Pre-Treatment PAR Score – Enter the pre-treatment PAR score.

Post-Treatment PAR Score – Enter the post-treatment PAR score.

Date of Completion or Last Visit – Enter the date in the format ddmmyy.

If an IOTN value of 3 is entered then an accompanying Aesthetic Component item is mandatory.

Ortho Reg 11/Appliance Repair

Repair to appliance fitted by another contractor

Date of Completion or Last Visit



Regulation 11 replacement appliance

Repair to an Appliance Fitted by Another Contractor – Select this if a repair is made to an appliance fitted by another contractor.

Regulation 11 Replacement Appliance - Select this if an orthodontic replacement appliance under Regulation 11 has been provided – the assessment date must be completed.

An appropriate patient charge should be entered per appliance.

A patient's charge must be collected from the patient or patient's parent or legal guardian regardless of their exemption or remission status.

The patient may be able to claim a refund directly from NHS Dental Services.

Date of Completion – A date of completion is mandatory if either of these options are selected.

Items cannot be used in conjunction with any Assessment or Treatment Start or Treatment Conclusion aspect of a course of treatment.

Ethnic Origin

White

English or Welsh or Scottish or Northern Irish or British Irish Gypsy or Irish Traveller Any other White background

Mixed multiple ethnic groups

White and Black Caribbean White and Black African White and Asian Any other Mixed or Multiple ethnic background

Asian or Asian British

Indian Pakistani Bangladeshi Any other Asian background Chinese

Black or African or Caribbean or Black British

Caribbean African Other Black or African or Caribbean background

Other Ethnic Group

Arab Any other Ethnic Group

Other

Patient declined (pre 01/04/2026) Ethnicity Not Stated Patient Ethnicity Unknown

Select the patient's ethnic group.

Clinician Declaration

All the necessary care and treatment that the patient is willing to undergo will be provided	<input type="checkbox"/>
All the currently necessary care and treatment that the patient is willing to undergo has been carried out	<input type="checkbox"/>
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	<input type="checkbox"/>

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

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

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