

## **NHS Dental Services**

Guidance for the completion of FP17O activity submissions in England (April 2026)



## Introduction

This guide has been created to help providers and clinicians:

- use the online FP17O form available in the NHSBSA Compass system
- address some of the more common questions relating to the business rules associated with the processing of FP17Os, 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 England.

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



## 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** – Use the drop down to select the patient's legal sex, M for Male or F for Female.

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

The patient's NHS number, 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 11 digit 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

<b>Patient Under 18</b> <input type="checkbox"/>	<b>Other</b>	<input type="text" value="Please Select..."/>
<b>Evidence of Exemption or Remission seen</b> <input type="checkbox"/> Yes	<b>Commissioner Approved</b> <input type="checkbox"/>	
<input type="checkbox"/> No		
<b>Patient Charge Collected</b>	<input type="text" value="0.00"/>	

**Patient Under 18** – Select this if patient is under 18 at date of referral.

**Other** – Use the drop-down list for all other exemption categories, the following options are available:

<b>Please Select...</b>
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
Income-related employment and support allowance
Universal Credit

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

**Partial Remission – HC3 cert** – Select this if patient is named on a valid HC3 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 box if the patient is aged 18 and in full time education at date of referral.

**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.

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 receives Income-based Jobseekers Allowance.

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

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

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

**Commissioner approved** - This must be selected on all assessment claims where the patient is 18 or over at the Date of Referral.

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

## Orthodontic Data Set

Treatment Proposed	<input type="checkbox"/>	Aerosol Generating Procedure	<input type="text"/> (No. of appointments)	Extractions Y/N	<input type="checkbox"/>
Treatment Completed/Abandoned/Discontinued	<input type="checkbox"/>	Photographs Y/N	<input type="checkbox"/>	Fixed upper appliance Y/N	<input type="checkbox"/>
Radiograph(s) taken	<input type="text"/> (Number)	Functional appliance Y/N	<input type="checkbox"/>	Fixed lower appliance Y/N	<input type="checkbox"/>
Removable upper appliance Y/N	<input type="checkbox"/>	Retainer upper Y/N	<input type="checkbox"/>	Retainer lower Y/N	<input type="checkbox"/>
Removable lower appliance Y/N	<input type="checkbox"/>				

  

**Extractions**

Search

Quadrant	Tooth	Action

Records 0 to 0 of 0 Page  1 / 1

**Treatment Proposed** - Select this for any claim involving an Assessment Appliance Fitted

**Treatment Completed/Abandoned/Discontinued** - Select this for any orthodontic conclusion claim.

**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.

**The below fields must have either a Y (Yes) or N (No) selected to indicate if an item was provided or not:**

**Photographs Taken** – Select Y or N.

**Extractions** - Select Y or N. If this is 'Y', then tooth notations must be entered into the Extraction Quadrant(s).

**Removable Upper Appliance** – Select Y or N.

**Removable Lower Appliance** – Select Y or N.

**Fixed Upper Appliance** – Select Y or N.

**Fixed Lower Appliance** – Select Y or N.

**Functional Appliance** – Select Y or N.

**Retainer Upper** – Select Y or N.

**Retainer Lower** – Select Y or N.

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



The image shows a software dialog box titled "Extractions". It contains two dropdown menus: "Quadrant" with a blue highlight and "Tooth" with a green highlight. At the bottom right, there are three buttons: "Save", "Save/Create", and "Cancel".

## 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"/>
Assessment & Debond	<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. For a fee-paying patient, the Band 1 charge is levied.

**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. For a fee-paying patient, the Band 1 charge is levied.

**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 Band 3 charge.

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

**Assessment & Debond – Overseas Patient**– Select this if an assessment and debond has been performed on a patient from overseas. A date of assessment must be present and must be 1 October 2022 or later and IOTN or IOTN NA must be present. If IOTN is equal to 3, the Aesthetic Component must also be completed.

The patient must have a valid exemption or full remission from charge, a partial remission (HC3 Certificate) will not be accepted.

The Band 1 charge for the remitted/exemption amount will be shown in the schedule totals.

**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 also required for Assess and Debond 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 and IOTN score or IOTN not applicable 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 and IOTN score or IOTN not applicable must be present.

**Treatment discontinued** – Select this if the clinician decides active treatment is to be discontinued. A date of last visit and IOTN score or IOTN not applicable must be present.

**Treatment completed** – Select this if the active treatment has been completed. A date of completion and IOTN score at the completion of treatment 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.

An IOTN entry is mandatory for any conclusion claim. IOTN NA must not be used for a Treatment Completed claim. 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 has to be completed.

A patient charge should be entered which will be 30% of the band 3 charge 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.

### Contact us:

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