

## **NHS Dental Services**

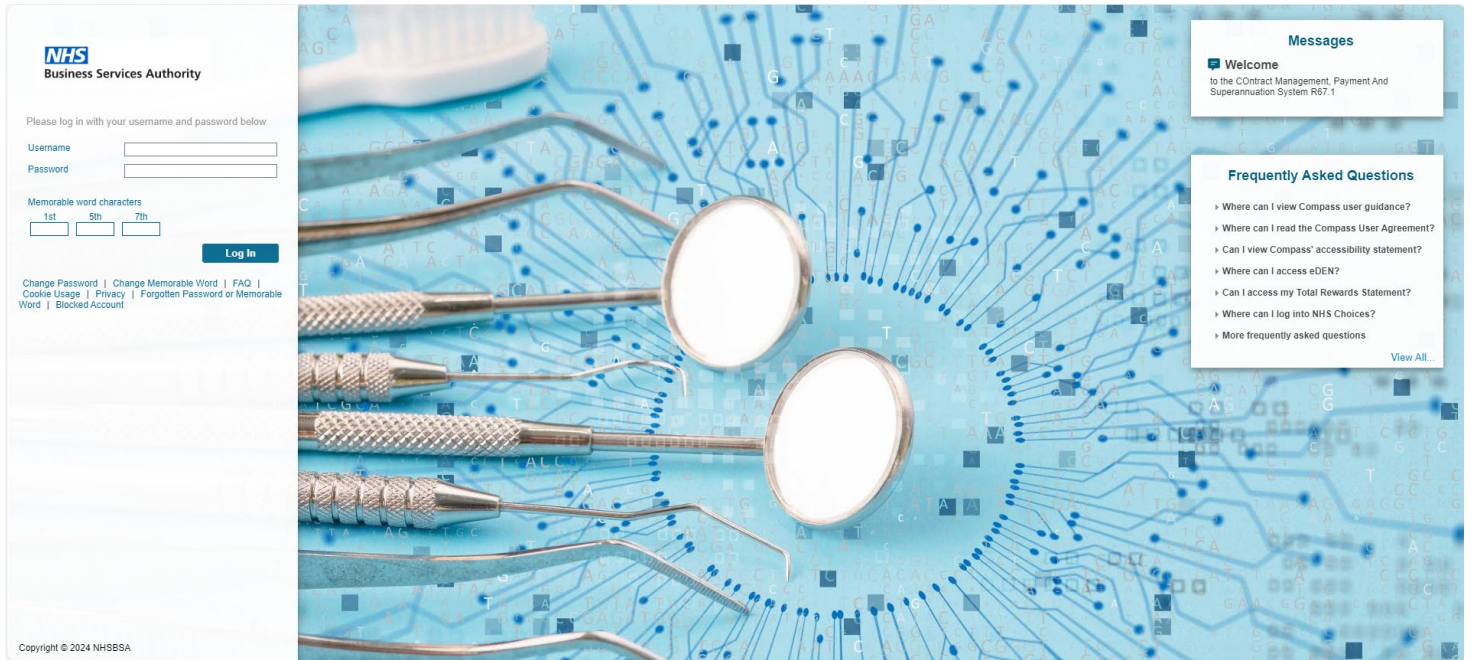
This guide provides details on how to use the online form function in Compass to enter and submit FP17OW form information.

More detail on rules associated with each of the data items on the FP17OW can be found on our website.

The patient must sign a paper PRW form or the electronic equivalent. The signed PRW form will need to be retained by the practice as part of the patient record for a period of two years.

# Completion of online form guidance FP17OW (Clinician) – Wales

Log on to Compass.



Select **Activity** from 'Homepage Menu'.

## Homepage Menu

- My Profile
- Clinician
- Pensions
- Payments
- Activity
- Reporting
- COVID-19

## System Messages

No System Messages Found

## User Messages

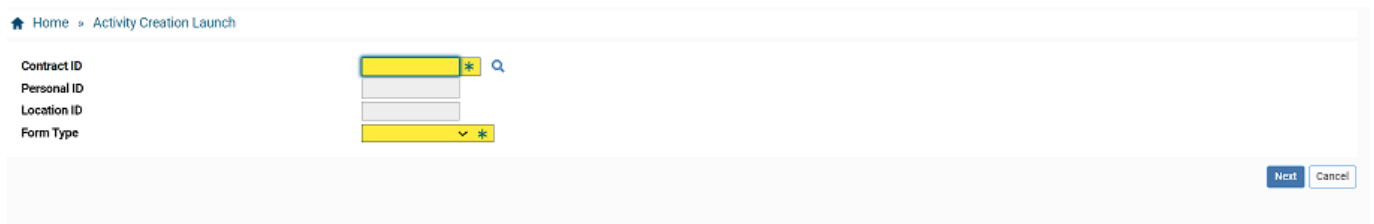
No User Messages.

## User Details

Full Name  
Email Address  
Security Role  
Current Date  
Last Successful Login

**PLEASE NOTE: The boxes marked with an asterisk symbol are all mandatory fields**

Select **Activity Creation** to display the 'Activity Creation Launch' screen:



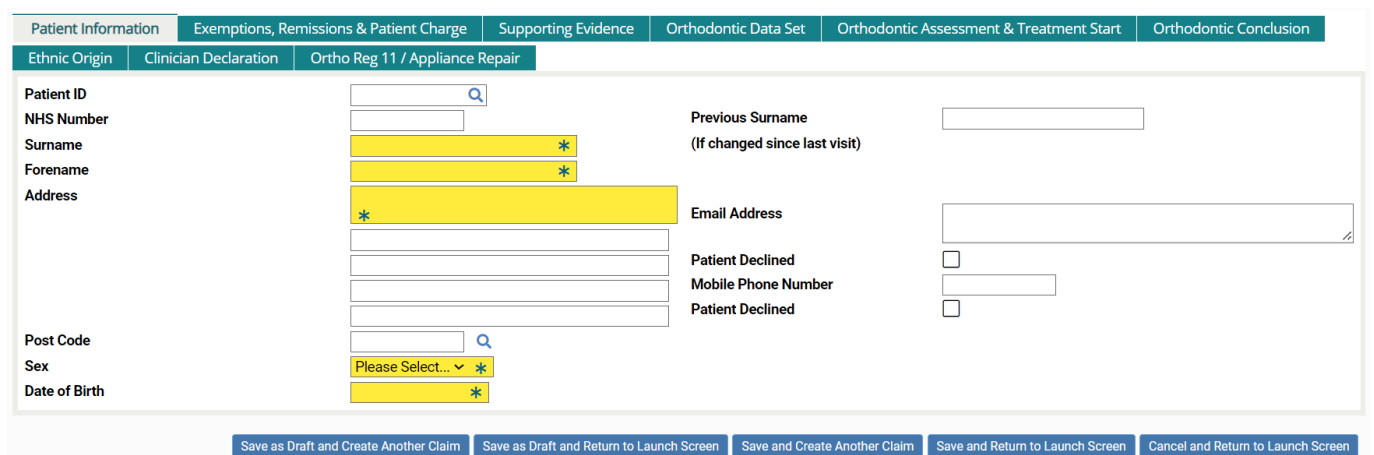
You can enter Contract ID manually, or select the magnifying glass icon to display all the contracts you work on and choose the appropriate contract.

Use drop down to choose the form type (FP17OW) and select **Next** button.

## Patient Information

Select the **Patient Information** tab and complete relevant patient information – DOB format can be either DDMMYYYY or DD/MM/YYYY.

If it is a new patient, you must enter their details manually, however, you can search for their address by entering their post code in the Post Code field and select the magnifying glass next to the 'Postal address Selector'. Then select the correct address from the list displayed.



If it is an existing patient, select the magnifying glass next to Patient ID field, this will present you with a list of all your existing patients from which you can select the patient.

Home » Activity Creation Launch » Ortho Patient List

Activity Reference  
Personal ID  
Treatment Location ID  
Contract ID

Exemptions, Remissions

Patient ID	Surname	Forename	D.O.B.	Sex	Last Known Postcode	Action
Filter	Filter	Filter	Filter	Filter	Filter	Clear Filters
11145	ASTONVILLA	ENGLAND	08/06/1950	M	WN7 1NJ	Select
11173	BASTIA	FRANCE	08/06/1950	M	WN7 1NJ	Select
11154	BIRMINGHAM	ENGLAND	08/06/1950	M	WN7 1NJ	Select
11174	BORDEAUX	FRANCE	08/06/1950	M	WN7 1NJ	Select
11166	BRAGA	PORTUGAL	08/06/1950	M	WN7 1NJ	Select
11149	CHELSEA	ENGLAND	08/06/1950	M	WN7 1NJ	Select
11997	FINDON	TERRY	08/06/1950	M	WN7 1NJ	Select
11144	FOREST	ENGLAND	08/06/1950	M	WN7 1NJ	Select
11992	GOFFSPARK	RUSSELL	08/06/1950	M	WN7 1NJ	Select
11140	LEIPZIG	EASTGERMANY	08/06/1950	M	WN7 1NJ	Select
11170	MARSEILLES	FRANCE	08/06/1950	M	WN7 1NJ	Select
11171	MONACC	FRANCE	08/06/1950	M	WN7 1NJ	Select
11332	OVERLANDERS	PAUL	08/06/1950	M	WN7 1NJ	Select
12003	PRIORY	JAMES	08/06/1950	M	WN7 1NJ	Select
11334	REBELROUSERS	CLIFF	30/06/2006	M	WN7 1NJ	Select

Records 1 to 15 of 21 Page 1 / 2

& Treatment Start Orthodontic Conclusion

Return to Launch Screen Cancel and Return to Launch Screen

This screen also allows for the recording of the optional Previous Surname, Patient's e-mail Address and Patient's Mobile Telephone Number fields. If the patient does not give an e-mail address then the "Patient Declined" box underneath must be ticked. Similarly, if the patient does not give a mobile phone number then the "Patient Declined" box underneath must be ticked.

An NHS Number must be entered. 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)

### Exemptions, Remissions & Patient's Charge

Use this tab to enter any exemption or remission appropriate for the patient concerned or to enter the patient charge collected. Only one exemption or remission category can be entered. If any exemption or remission category is entered then one of the Evidence of Exemption or Remission Seen boxes must be ticked.

For patients who are aged under 18 select that specific exemption.

All other exemption categories appropriate for adult patients are not mandatory, but the following on-screen validation checks will take place:

- If the patient is aged under 18 at the Date of Referral on an assessment claim then 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 then the Patient Under 18 box must not be ticked
- If the Aged 18 in Full Time Education box is selected then the patient must be aged 18 at the Date of Referral
- If Partial remission - HC3 Certificate is selected then there must be an accompanying non-zero patient charge entered
- If Expectant Mother or Nursing Mother is selected then the patient must be female

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

Patient Information		Exemptions, Remissions & Patient Charge		Supporting Evidence	Orthodontic Data Set	Orthodontic Assessment & Treatment Start	Orthodontic Conclusion		
Ethnic Origin	Clinician Declaration	Ortho Reg 11 / Appliance Repair							
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"/>		
Evidence of Exemption or Remission seen		<input type="checkbox"/> Yes				<input type="checkbox"/> No			
Patient Charge Collected		<input type="text" value="0.00"/>							
		<input type="button" value="Save as Draft and Create Another Claim"/>		<input type="button" value="Save as Draft and Return to Launch Screen"/>		<input type="button" value="Save and Create Another Claim"/>		<input type="button" value="Save and Return to Launch Screen"/>	
								<input type="button" value="Cancel and Return to Launch Screen"/>	

## Supporting Evidence

Select the **Supporting Evidence** tab and complete with relevant information (if required)

Patient Information		Exemptions, Remissions & Patient Charge		Supporting Evidence	Orthodontic Data Set	Orthodontic Assessment & Treatment Start	Orthodontic Conclusion
Ethnic Origin	Clinician Declaration	Ortho Reg 11 / Appliance Repair					
Where another person signs for treatment on behalf of the patient.							
Name of person signing for the patient				<input type="text"/>			
Relationship to patient				<input type="text"/>			
Where Aged 18 in Full Time Education exemption is claimed.							
Name of college or university				<input type="text"/>			
Where Expectant or Nursing Mother exemption is claimed.							
NHS Maternity Exemption Certificate Number				<input type="text"/>			
Baby due/born on date				<input type="text"/>			
Where Income Support, Jobseeker's Allowance, Employment Support Allowance or Pension Credit Guarantee remission is claimed.							
Name of person receiving benefit				<input type="text"/>			
Date of Birth of person receiving benefit (DD/MM/YYYY)				<input type="text"/>			
National Insurance Number of person receiving benefit				<input type="text"/>			
Where HC2 or HC3 Certificate or Tax Credit remission is claimed.							
Certificate Number or Card Number				<input type="text"/>			
Patient Charge Limit (HC3 Certificates only) - £999.99 format				<input type="text" value="0.00"/>			
		<input type="button" value="Save as Draft and Create Another Claim"/>		<input type="button" value="Save as Draft and Return to Launch Screen"/>		<input type="button" value="Save and Create Another Claim"/>	
						<input type="button" value="Save and Return to Launch Screen"/>	
						<input type="button" value="Cancel and Return to Launch Screen"/>	

## Orthodontic Data Set

Use this tab to record any Orthodontic Data Set details required concerning the appliances or retainers fitted, radiographs/photographs taken or extractions made.

The screenshot shows the 'Orthodontic Data Set' tab in a software interface. At the top, there are navigation tabs: Patient Information, Exemptions, Remissions & Patient Charge, Supporting Evidence, Orthodontic Data Set (active), Orthodontic Assessment & Treatment Start, and Orthodontic Conclusion. Below these are sub-tabs: Ethnic Origin, Clinician Declaration, and Ortho Reg 11 / Appliance Repair.

The main form area contains several sections:

- Aerosol Generating Procedure:** A text input field followed by '(No. of appointments)'. Below it is a 'Radiograph(s) taken' input field followed by '(Number)'. There is also a 'Fixed lower appliance' checkbox.
- Appliances:** A grid of checkboxes for 'Removable upper appliance', 'Removable lower appliance', 'Fixed upper appliance', 'Functional appliance', 'Retainer upper', and 'Retainer lower'.
- Extractions:** A section with a search dropdown set to 'Quadrant' and a search button. Below is a table with columns 'Quadrant', 'Tooth', and 'Action'. The table is currently empty. At the bottom right of the table area, it says 'Page 1 / 1'.

At the bottom of the form, there are five buttons: 'Save as Draft and Create Another Claim', 'Save as Draft and Return to Launch Screen', 'Save and Create Another Claim', 'Save and Return to Launch Screen', and 'Cancel and Return to Launch Screen'.

For extractions each individual tooth must be recorded in a separate transaction by selecting **Create**.

Select the Quadrant and Tooth notation from a drop-down list in each case.

Select **Save/Create** to add further tooth notations or **Save** to return to the Orthodontic Data Set.

This screenshot is similar to the previous one but shows an 'Extractions' modal dialog box open over the table. The dialog has a title bar with a close button (X). It contains two dropdown menus: 'Quadrant' and 'Tooth', both with asterisks indicating they are required fields. Below the dropdowns are three buttons: 'Save', 'Save/Create', and 'Cancel'. The background form is dimmed.

## Orthodontic Assessment & Treatment Start

Use this tab to record the assessment and start of treatment phase.

Select one of “Assessment & review”, “Assessment & refuse treatment” or “Assessment & appliance fitted”. Selection of one of these boxes will allow the entry of “IOTN”, “Aesthetic Component” and/or “IOTN not applicable”. Note that if an IOTN value of 3 is entered then an accompanying Aesthetic Component item is mandatory. An IOTN entry is mandatory for any assessment claim. IOTN NA cannot be used for an Assess/Appliance Fitted claim and an Aesthetic Component is mandatory for such claims.

**Date of Referral** is mandatory if Date of Assessment is on or after 1 April 2024.

**Date of Assessment** is mandatory.

The Date of Referral must not be after the Date of Assessment. The Date Appliance Fitted must not be prior to the Date of Assessment and need only be present if “Assess & appliance fitted” is.

Patient Information	Exemptions, Remissions & Patient Charge	Supporting Evidence	Orthodontic Data Set	Orthodontic Assessment & Treatment Start	Orthodontic Conclusion
Ethnic Origin	Clinician Declaration	Ortho Reg 11 / Appliance Repair			
Assessment & review	<input type="checkbox"/>	Assess & refuse treatment	<input type="checkbox"/>	Assess & appliance fitted	<input type="checkbox"/>
IOTN	<input type="text" value=""/> (1-5)	Aesthetic component	<input type="text" value=""/> (1-10)	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=""/>				
<input type="button" value="Save as Draft and Create Another Claim"/> <input type="button" value="Save as Draft and Return to Launch Screen"/> <input type="button" value="Save and Create Another Claim"/> <input type="button" value="Save and Return to Launch Screen"/> <input type="button" value="Cancel and Return to Launch Screen"/>					

## Orthodontic Conclusion

This tab is used when an orthodontic course of treatment has reached its end.

The Date of Completion is mandatory if anything is entered in this tab.

Select either “Treatment abandoned – patient failed to return”, “Treatment abandoned – patient requested”, “Treatment Discontinued” or “Treatment Completed”.

The “PAR scores calculated” box must be completed by entering Y or N as appropriate.

An IOTN entry is now mandatory for any conclusion claim. IOTN NA cannot be used for a Treatment Completed claim. If an IOTN value of 3 is entered then an accompanying Aesthetic Component item is mandatory.

A one or two digit Pre Treatment PAR Score and a Post Treatment PAR Score can be entered.

Patient Information	Exemptions, Remissions & Patient Charge	Supporting Evidence	Orthodontic Data Set	Orthodontic Assessment & Treatment Start	Orthodontic Conclusion
Ethnic Origin		Clinician Declaration		Ortho Reg 11 / Appliance Repair	
Treatment abandoned - patient failed to return	<input type="checkbox"/>	Treatment abandoned - patient requested	<input type="checkbox"/>	Treatment discontinued	<input type="checkbox"/>
IOTN	<input type="text"/> (1-5)	Aesthetic component	<input type="text"/> (1-10)	IOTN not applicable	<input type="checkbox"/>
Date of Completion or Last Visit	<input type="text"/>				PAR scores calculated
					<input type="checkbox"/>

## Ortho Reg 11/Appliance Repair

This tab should be used for either of the items Repair to an Appliance Fitted by Another Dentist or Regulation 11 Replacement [orthodontic] Appliance is required.

It cannot be used in conjunction with any Assessment or Treatment Start or Treatment Conclusion.

The Date of Completion is mandatory if anything is entered in this tab.

Patient Information	Exemptions, Remissions & Patient Charge	Supporting Evidence	Orthodontic Data Set	Orthodontic Assessment & Treatment Start	Orthodontic Conclusion
Ethnic Origin		Clinician Declaration		Ortho Reg 11 / Appliance Repair	
Repair to appliance fitted by another contractor	<input type="checkbox"/>	Regulation 11 replacement appliance	<input type="checkbox"/>		
Date of Completion or Last Visit	<input type="text"/>				

## Ethnic Origin

Select this tab and complete the Ethnic Origin.

<b>White</b>					
English or Welsh or Scottish or Northern Irish or British	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Gypsy or Irish Traveller	<input type="checkbox"/>
				Any other White background	<input type="checkbox"/>
<b>Mixed multiple ethnic groups</b>					
White and Black Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
				Any other Mixed or Multiple ethnic background	<input type="checkbox"/>
<b>Asian or Asian British</b>					
Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
				Any other Asian background	<input type="checkbox"/>
				Chinese	<input type="checkbox"/>
<b>Black or African or Caribbean or Black British</b>					
Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Other Black or African or Caribbean background	<input type="checkbox"/>
<b>Other Ethnic Group</b>					
Arab	<input type="checkbox"/>	Any other Ethnic Group	<input type="checkbox"/>		
<b>Other</b>					
Patient declined (pre 01/04/2026)	<input type="checkbox"/>	Ethnicity Not Stated	<input type="checkbox"/>	Patient Ethnicity Unknown	<input type="checkbox"/>

If the treatment is on-going, select either **Save as draft and create another FP17OW** or **Save as draft and return to launch screen** – the claim can be finalised at a later date.

## Clinician Declaration

If the treatment is completed, select **Clinician Declaration** tab and click on the relevant boxes– the claim created can only be submitted for validation if this section is completed. Select either the “Save and create another FP17OW” tab or the “Save and return to launch screen” tab once the Declaration has been entered. The “Save and create another FP17OW” tab will take you to the creation screen for a new claim and the “Save and return to launch screen” will take you to the screen that enables you to change contract/performer details for any further claims

Patient Information	Exemptions, Remissions & Patient Charge	Supporting Evidence	Orthodontic Data Set	Orthodontic Assessment & Treatment Start	Orthodontic Conclusion
Ethnic Origin	Clinician Declaration	Ortho Reg 11 / Appliance Repair			
All the necessary prevention, care and treatment that the patient is willing to undergo will be provided <input type="checkbox"/>					
All the necessary prevention, 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"/>					
Save as Draft and Create Another Claim		Save as Draft and Return to Launch Screen		Save and Create Another Claim	
				Save and Return to Launch Screen	
				Cancel and Return to Launch Screen	

To authorise claims that have been created by support staff – i.e. Practice Manager or Receptionist, select “Activity” from the menu, followed by “Activity Authorisation Search” which will list the claims awaiting authorisation.