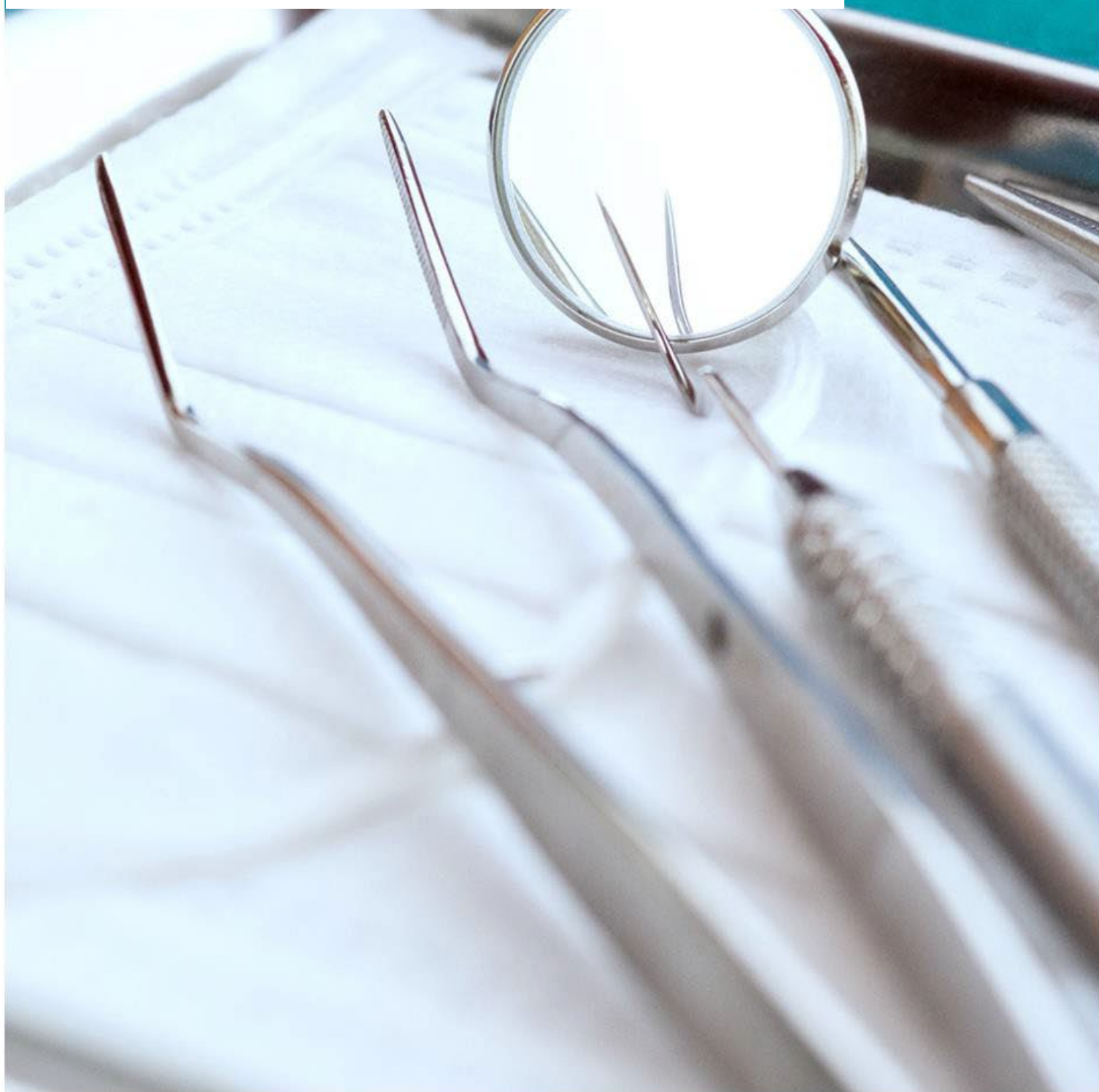


NHS Dental Services

Guidance for the completion of FP17W activity submissions in Wales (May 2026)



Introduction

This guide has been created to help providers and clinicians:

- use the online FP17W form available in the NHSBSA Compass system
- understand the changes to the FP17W required to support the contract changes from 1 April 2026.
- address some of the more common questions relating to the business rules associated with the processing of FP17Ws, 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 under the General Dental Services in Wales.

Activity Form Creation

Contract ID



Personal ID

Location ID

Form Type



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 you can enter it manually.

Location ID- Enter the 6 digit Location ID. This may pre-populate or you can enter it manually. This is required on every form.

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

Form Type - Select FP17W 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"/> <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. This is mandatory for forms with Date of Acceptance on or after 1 April 2026. 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 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 name, NHS number, address, sex, and date of birth must be included on every form.

Previous Surname (If changed since last visit)	<input type="text"/>
Email Address	<input type="text"/>
Patient Declined	<input type="checkbox"/>
Mobile Phone Number	<input type="text"/>
Patient Declined	<input type="checkbox"/>

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

Email Address – Enter the patient's email address.

Mobile Number – Enter the patient's mobile number.

If the patient has not provided an email address or mobile number, select the relevant Patient Declined box.

You must not select Patient Declined if the patient has provided the relevant information.

Dental Care Professional

Direct Access Clinician Type

A Dental Care Professional carried out all or part of the work in this course of treatment:

Dental Care Professional Type

Enter the GDC Number of the Dental Care Professional

If a Dental Care Professional (DCP) is providing the full course of dental treatment as a Direct Access Clinician, select the Direct Access Clinician type from the drop down list). The remaining fields do not need to be completed unless another DCP clinician is assisting with the course of treatment.

Direct Access Clinician Type

A Dental Care Professional carried out all or part of the work in this course of treatment:

Dental Care Professional Type

- Dental Therapist
- Dental Hygienist
- Dental Nurse
- Clinical Dental Technician

Enter the GDC Number of the Dental Care Professional

If a DCP is assisting with a course of treatment opened by a dentist or Direct Access Clinician, select one of the DCP options available from the drop down list.

A Dental Care Professional carried out all or part of the work in this course of treatment:

Dental Care Professional Type

Enter the GDC Number of the Dental Care Professional

- Dental Therapist
- Dental Hygienist
- Dental Nurse
- Clinical Dental Technician

Only one box needs to be selected.

The GDC Number of the DCP must be entered, this can be completed by entering the GDC number manually or by clicking on the magnifying glass icon next to the box and selecting from the list. Compass will automatically insert the mandatory leading zeros and show the name of the DCP.



If a DCP's GDC Number is entered, one of the DCP options must be selected, otherwise the form will be rejected. Any DCP whose details are entered here must be present on the DCP GDC register and must be registered at of the Date of Acceptance entered, otherwise the

form will be rejected.

If a DCP has assisted on a course of treatment for part or all of the treatment, there must still be the personal ID number of the clinician responsible for the course of treatment entered on the form and at least one “significant” Clinical Data Set treatment item must also be entered.

The personal ID number included on the FP17 is at the discretion of the Provider, but the recommendation is that it is either the dentist or Direct Access Clinician supervising the treatment, or alternatively the personal ID number of the contract holder.

Treatment Dates/Incomplete

For Incomplete Treatment the Band for actual Treatment provided	<input type="text" value="v"/>
Date of Acceptance	<input type="text" value=""/>  *
Date of Completion or Last Visit	<input type="text" value=""/>  *
ACORN Assessment Carried Out	<input type="checkbox"/>
Welsh DAP New Patient	<input type="checkbox"/>
Welsh New Urgent Patient Referral	<input type="checkbox"/>
Patient Did Not Attend	<input type="checkbox"/>

Incomplete treatment – For banded courses of treatment started but not completed, select 1, 2, or 3 from the drop-down list to show the work that has been completed. The patient charge is calculated against whichever of these boxes is crossed. A charge band must also be present in Treatment Category, showing the treatment that has been started. The band crossed in this section must be the same as, or higher than, the band crossed in Treatment Dates/Incomplete.

For courses of treatment with the last visit date on or after 1 April 2026 but not completed, select 0 from the drop-down list.

Date of Acceptance – Enter date of acceptance for the course of treatment. This must be entered on every form.

Completion or Last Visit – Enter date of completion if the course was completed, or the date of last visit if it was not completed. If a decision is made to mark the form as incomplete, it must be submitted as soon as possible.

Completion Date same as Acceptance – This can be selected if the date of acceptance and date of completion are the same. There is no need to complete the Completion or Last Visit information if this is selected.

ACORN Assessment Carried Out – Select this if an ACORN Assessment is carried out for the patient.

If this is selected the form must include all the following ACORN items apart from where the specified conditions apply:

- Medical History
- Social History
- Dental History
- Tooth Decay (unless the patient is edentulous)
- Total Number of Teeth in the Mouth
- Periodontitis (unless the patient is under 12 years of age)
- Other Dental Need
- Decayed Permanent Teeth (unless the patient is under 6 years of age)
Zero value should be entered for patients without any teeth (children or adults).

- Decayed Deciduous Teeth (unless the patient is 12 years of age or over)
Zero value should be entered for patients without any teeth (children or adults).

It is not mandatory to tick this if ACORN items are entered on screen.

To report ACORN data, use the ACORN Assessment section of this document.

If no “ACORN Assessment Carried Out” indicator can be found on previous forms for the same patient under the same clinician, contract or provider within the last 12 months (or within the last specified recall time period if this is greater than 12 months) then the form will have a comment “ACORN Assessment Overdue” generated on the next pay statement (on summary of forms processed).

There are six additional comments that can be included on the summary of forms processed and these are as follows.

Comment	Description	
Incomplete ACORN dataset supplied	On a form without ACORN Assessment Carried Out being ticked and if there are ACORN codes present but not the whole set	
ACORN Assessment Overdue	On a form without ACORN Assessment Carried Out indicator being ticked and if there are no data present from the list e.g. Medical, Social and Dental History, Periodontitis, Tooth Decay, and Other Dental Need	We use the presence of ACORN Assessment Carried Out indicator for previous forms dated on or after 01/04/20.
Full ACORN Dataset Required	On a form without ACORN Assessment Carried Out indicator being ticked where there is ACORN data present in the list e.g. Medical, Social and Dental History, Periodontitis, Tooth Decay, and Other Dental Need	Similar to Incomplete ACORN dataset supplied above but where we have no ACORN history
Missing ACORN Assessment Carried Out flag	Where we have a full or partial set of ACORN data but no ACORN Assessment Carried Out indicator being ticked	Always goes hand in hand with comment Full ACORN Dataset
ACORN	Appears on every successfully validated ACORN Assessment Carried Out indicator being ticked form	
Overdue ACORN Carried Out	Where there is ACORN Assessment Carried Out indicator being ticked on the form, but it's been longer than the Designated Recall Interval since the last ACORN	

Welsh DAP New Patient – Select this if the patient has been offered a routine dental appointment through the Welsh Dental Access Portal (DAP).

Welsh New Urgent Patient Referral – Select this if the patient has been offered an urgent referral after using Health Board emergency lines or NHS 111.

Patient Did Not Attend – Select this if the patient has been offered an urgent referral after using Health Board emergency lines or NHS 111 and subsequently failed to attend the appointment.

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"/>		

Evidence of Exemption or Remission seen	<input type="checkbox"/> Yes		
	<input type="checkbox"/> No		
Patient Charge Collected	<input type="text" value="0.00"/>		
Laboratory Fee	<input type="text" value="0.00"/>	Lab Fee Commissioner Approved	<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.

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 – It can only be used if the patient's age at Date of Acceptance is under 25 or 60 or over.

This can only be selected if there is an accompanying Band 1 selected for courses of treatment starting before 1 April 2026.

For courses of treatment on or after 1 April 2026, only New Patient Assessment or Recall care package is allowed as an accompanying care package.

The clinical data set item fluoride varnish can also be reported and if required must be

included in the clinical data set section.

Free examination only can also be reported with all the options under Best Practice Prevention and three of the four options available under Cleaning and Instruction.

Income related employment and support allowance - Select this box 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 receives 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.

Laboratory Fee – Enter a laboratory fee. If no fee is applicable, enter a zero.

Lab Fee Commissioner Approved – Select this if the maximum laboratory fee has been exceeded and commissioner approval has been given.

Treatment Category

Band 1	<input type="checkbox"/>	Band 2	<input type="checkbox"/>	Band 3	<input type="checkbox"/>	Urgent treatment	<input type="checkbox"/>	Regulation 11 replacement appliance	<input type="checkbox"/>
Urgent Care Package	<input type="checkbox"/>	Non-Urgent Care Packages	<input type="checkbox"/>						

Band 1 – Select this for a band 1 course of treatment.

Band 2 – Select this for a band 2 course of treatment.

Band 3 – Select this for a band 3 course of treatment.

Urgent treatment – Select this box for treatment that falls in the urgent treatment category.

Regulation 11 replacement appliance – Select this box if a non-orthodontic replacement appliance under Regulation 11 has been provided – a patient's charge needs to be entered which should be 30% of the band 3 charge per appliance.

If a patient needs a replacement appliance on or after 1 April 2026, this box must not be selected. An appropriate care package should be provided.

Urgent Care Package – Select this if an Urgent Care Package is provided.

Non-Urgent Care Package – Select this if Non-urgent Care Packages are provided.

If a course of treatment starts before 1 April 2026 and completes on or after, an appropriate Care Package must be selected.

Only one of these boxes can be crossed.

Care Packages

New/Initial Assessment	<input type="checkbox"/>	Simple Restorative	<input type="checkbox"/>	Extended Restorative	<input type="text"/> (No. Packages)
Periodontal	<input type="checkbox"/>	Anterior Root Canal	<input type="text"/> (No. Packages)	Posterior Root Canal	<input type="text"/> (No. Packages)
Crown, Bridge, Inlay, Onlay and Veneer	<input type="text"/> (No. Packages)	Denture	<input type="checkbox"/>	Stabilisation	<input type="checkbox"/>
Miscellaneous	<input type="checkbox"/>	Recall	<input type="checkbox"/>	Recall 18-24 months	<input type="checkbox"/>
Miscellaneous Trauma	<input type="checkbox"/>				
Warranty Treatment					
Warranty - Permanent Restorations					<input type="text"/>
Warranty - Root Fillings					<input type="text"/>
Warranty - Crowns, Bridges, Inlays, Onlays and Veneers					<input type="text"/>

New/Initial Assessment – Select this if a New Patient Assessment Care Package is provided during this course of treatment.

Simple Restorative – Select this if a Simple Restorative Care Package is provided during this course of treatment.

Extended Restorative – Enter the number of Extended Restorative Care Packages that are provided during this course of treatment.

Periodontal – Select this if a Periodontal Care Package is provided during this course of treatment.

Anterior Root Canal – Enter the number of Anterior Root Canal Care Packages that are provided during this course of treatment.

Posterior Root Canal – Enter the number of Posterior Root Canal Care Packages that are provided during this course of treatment.

Crown, Bridge, Inlay, Onlay and Veneer – Enter the number of Crown, Bridge, Inlay, Onlay and Veneer Care Packages that are provided during this course of treatment.

Denture – Select this if a Denture Care Package is provided during this course of treatment.

Stabilisation – Select this if a Stabilisation Care Package is provided during this course of treatment.

Miscellaneous – Select this if a Miscellaneous Care Package is provided during this course of treatment.

Miscellaneous Trauma - Select this if a Miscellaneous Trauma Care Package is provided during this course of treatment.

Recall – Select this if a Recall Care Package is provided during this course of treatment.

Recall 18-24 months – Select this if a Recall 18-24 Care Package is provided during this course of treatment.

Warranty Treatment

Warranty – Permanent Restorations – Select **12** if warranty items were provided under the Urgent Care Package. Select **24** if warranty items have been provided under the Non-Urgent Care Packages.

Warranty – Root Fillings – Select **12** if warranty items were provided under the Urgent Care

Package. Select **24** if warranty items have been provided under the Non-Urgent Care Packages.

Warranty – Crown, Bridges, Inlays, Onlays and Veneer – Select **24** if warranty items have been provided under the Non-Urgent Care Packages.

Clinical Data Set

Cleaning and Instruction

- Removal of Plaque Retentive Factors
- Toothbrushing Advice
- Inter Dental Cleaning Aids
- Oral Hygiene Improvement Plan

Endodontics - Molar (No. Teeth)

Endodontics - Non-molar (No. Teeth)

Upper denture - Acrylic (No. Teeth)

Veneer(s) applied (No. Teeth)

Crown(s) provided (No. Teeth)

Aerosol Generating Procedure (No. of appointments)

Soft Tissue Surgery

Best Practice Prevention

- Dietary Changes Agreed
- Brief Intervention in Smoking/Tobacco Use and Referral
- Brief Intervention in Alcohol Use and Referral
- Advice on Fluoride Toothpaste and Spit No Rinse

Fluoride varnish

Permanent fillings (No. Teeth)

Custom Made Occlusal Appliance Hard Bite

Denture Relines

Patient Presented With

Referral for AMS (Band)

Lower denture - Acrylic (No. Teeth)

Onlay with cusp coverage (No. Teeth)

Pre-formed crowns (No. Teeth)

Caries Treatment Offered but Further Self Care Improvement required

Non-Laboratory Made Splint/Appliance

Basic Periodontal Exam Score

Upper Right

Upper Anterior

Upper Left

Lower Right

Lower Anterior

Lower Left

Fissure sealants (No. Teeth)

Non-surgical extraction (No. Teeth)

Custom Made Occlusal Appliance Soft Bite

Denture Additions

Plaque Score

Upper denture - Metal (No. Teeth)

Bridge(s) fitted (No. units)

Other treatment

Perio Treatment Offered but Further Self Care Improvement required

Laboratory Made Splint

Charge Exempt

- Prescription
- Denture Repairs
- Bridge Repairs
- Arrest of Bleeding
- Removal of Sutures

Radiograph(s) taken (Number)

Surgical removal (No. Teeth)

Denture Additions/Reline/Rebase (pre 01/04/26)

Examination

Lower denture - Metal (No. Teeth)

Prevention and Stabilisation (No. Teeth)

Advanced Perio RSD (No. sextants)

Virtual Consultation Provided as Part of the Course of Treatment

Crown Refix with Post/Core Retention (No. Teeth)

Prescribed Items

- Antibiotic
- High Fluoride Toothpaste/Daily Rinse
- Oral Hygiene Mouthwash
- Oral Medicine Mouthwash/Sprays
- Analgesics
- Antifungals/Antivirals
- Sedatives
- Artificial Saliva Products

Cleaning and instruction – multiple choice options available and any of the following can be selected.

- **Removal of plaque retentive factors** – this should be selected if care includes the removal of plaque retentive factors for example calculus, and overhangs.
- **Toothbrushing Advice (null or zero Band)** - this box should be selected if tooth brushing advice, including demonstration was required.
- **Inter Dental Cleaning Aids (null or zero Band)** - this box should be selected if demonstrated (and observation of patient using ID brushes in relevant areas in the mouth).
- **Oral Hygiene Improvement Plan (null or zero Band)**

Fluoride varnish – Select this to indicate that a topical fluoride preparation has been applied to the surfaces of any primary and 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.

Radiograph(s) taken – The total number of radiographs taken should be entered in this box irrespective of the type or size. For example, 2 bite wings and 1 panoramic = 3 radiographs.

Permanent fillings – 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 or pin retention).
- Sealant restorations involving the placement of composite resin, glass ionomer or compomer material.

Non-surgical extraction – The number of teeth extracted should be entered into this box.

Surgical removal - The number of teeth removed should be entered into this box. This also includes surgical removal of a buried root, unerupted tooth, impacted tooth or exostosed bone.

Denture Additions/Reline/Rebase (pre 01/04/2026) - Select this to indicate whether a denture had additions, relines or rebasing.

Denture Relines – Select this to indicate whether a denture had relines or rebasing. Denture Additions/Reline/Rebase Pre 01/04/2026 should be used for Denture Relines/Rebase treatment carried out before 01 April 2026.

Denture Additions – Select this to indicate whether a denture had additions. Denture Additions/Reline/Rebase Pre 01/04/2026 should be used for Denture Additions treatment carried out before 1 April 2026.

Endodontic Molar (root treatment) – Enter the number of molar teeth endodontically treated.

Endodontic non-Molar (root treatment) – Enter the number of non-molar teeth endodontically treated.

Patient presented with – one of following needs to be reported on every FP17W

- Routine Visit
- Pain/Infection
- Other/Advice

Plaque Score – Indicate whether the patient has a Low, Medium or High Plaque Score

Examination – One of following needs to be reported on every FP17W if an ACORN Assessment has not been carried out.

- Exam Not Possible
- Interim Care Review
- Exam Not Necessary

Examination not possible is defined as when a clinical examination is not possible and should be a rare event for example Special Care Dentistry patients and pre-cooperative

children such as a 1 year old attending with a parent for preventive visit. A full assessment of risk factors and appropriate prevention is still expected for these patients.

Referral for advanced mandatory services – Enter the band of the treatment to be provided under advanced mandatory services. In “Treatment Category”, enter the band of the treatment provided by the clinician referring the patient. The collection of the patient charge is the responsibility of the referring clinician and is based on the charge band for the entire course of treatment.

Upper Denture (Acrylic) – Complete this when an acrylic or resin-based denture is provided (full or partial denture). The number of teeth present on the denture should be entered.

Lower Denture (Acrylic) – Complete this when an acrylic or resin-based denture is provided (full or partial denture). The number of teeth present on the denture should be entered.

Upper Denture (Metal) – Complete this when a metal-based denture is provided (full or partial denture). The number of teeth present on the denture should be entered.

Lower Denture (Metal) – Complete this when a metal-based denture is provided (full or partial denture). The number of teeth present on the denture should be entered.

Veneer(s) – This is the number of teeth that have been provided with laboratory fabricated veneers in permanent materials in accordance with the materials listed in Schedule 3 Band 3 Charges – Provision of Appliances of the National Health Service (Dental Charges) Regulations 2005. They may be on the labial or palatal surface.

Onlay with cusp coverage – Enter the number of teeth, this is to be used for reporting laboratory fabricated restorations such as indirect restoration on teeth that require one or more cusp coverages and teeth that cannot be satisfactorily restored using direct restoration techniques and materials

Bridge(s) fitted – Complete this when a bridge or more than one bridge is fitted. The number entered is the total number of units that the bridge or bridges span. For example, you should 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 or pontics and any associated ‘wings’.

Prevention and Stabilisation – Enter the number of teeth If a patient is suffering from high tooth decay rate that extend to dentine and beyond, practices can work with the patient to stabilise the teeth with active tooth decay first, with a view of controlling risk factors, before carrying out definitive restorative treatments.

Prevention including the application of fluoride varnish (when not contraindicated) and the prescription of appropriate high strength fluoride toothpaste is expected on these patients. Stabilisation, advice and review can be provided over several repeat visits in the first course of treatment. A definitive treatment plan will be agreed with the patient dependent on their ability and willingness to make the necessary changes to their behaviour – any non-compliance needs to be recorded. Following the first course of treatment, advice may need to be repeated to secure engagement. Each course of treatment may have 2 or more visits and in general will be a Band 1, 3 months apart. Band 2 stabilisation should not normally be required more than once

per year per patient.

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, in accordance with the materials listed in Schedule 3 Band 3 Charges – Provision of Appliances of the National Health Service (Dental Charges) Regulations 2005. Any post, pins or cores for retention are not counted separately.

Pre-formed crowns – Enter the number of teeth for treatment for children such as preformed crown on D's and E's using Hall Technique.

Other treatment – This is completed when any treatment has been provided that has no appropriate clinical dataset item. This item can be entered in addition to other clinical data items but cannot be reported as a standalone item if entered on a Band 2 or 3 course of treatment.

Advanced Perio RSD (Advanced periodontitis and root surface debridement) – You need to record the number of sextants. The ACORNs and its utilities cover this element.

Advanced Perio RSD, which is also known as comprehensive sub-gingival debridement, is usually required to stabilise active periodontitis (categorised as Red on the ACORN) once patients risk factors have been controlled, including patients maintaining good plaque control. Refer to All Wales GDS Periodontal Care Pathway for details and guidance.

Custom made occlusal appliances hard bite – Select this to indicate that a hard custom-made occlusal appliance has been fitted.

Custom made occlusal appliances soft bite – Select this to indicate that a soft custom-made occlusal appliance has been fitted.

Denture additions/reline/rebase – Select this to indicate whether a denture had additions, relines or rebasing.

Aerosol generating procedures (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.

Caries Treatment Offered but Further Self Care Improvement required – Select this to indicate whether statement reflects care of the patient.

Perio Treatment Offered but Further Self Care Improvement required – Select this to indicate whether statement reflects care of the patient.

Virtual Consultation Provided as Part of the Course of Treatment – Select this to indicate whether statement reflects care of the patient.

Soft Tissue Surgery – Select this when Soft Tissue Surgery has been performed.

Non-Laboratory Made Splint/Appliance – Select this when a Non-Laboratory Made Splint/Appliance has been fitted.

Laboratory Made Splint – Select this when a Laboratory Made Splint/Appliance has been fitted.

Crown Refix with Post/Core Retention - This figure entered in this box is the number of crowns that have been refixed with post/core retention.

Best Practice Prevention – multiple choice options available and more than one of the following can be selected if appropriate to the care of the patient.

- Dietary Changes Agreed
- Brief Intervention in Smoking/Tobacco Use and Referral
- Brief Intervention in Alcohol Use and Referral
- Advice on Fluoride Toothpaste and Spit No Rinse

Basic Periodontal Exam Score – BPE sextant scores can be reported provided all quadrants are included.

Each of the codes must be accompanied by a quantity as follows:

- 0 Score of 0 10 Score of 0 with Furcation Involvement
- 1 Score of 1 11 Score of 1 with Furcation Involvement
- 2 Score of 2 12 Score of 2 with Furcation Involvement
- 3 Score of 3 13 Score of 3 with Furcation Involvement
- 4 Score of 4 14 Score of 4 with Furcation Involvement
- 5 Dash symbol (-)

Charge Exempt – More than one of the following can be selected if they have been provided during this course of treatment

- Prescription
- Denture Repairs
- Bridge Repairs
- Arrest of Bleeding
- Removal of Sutures

Prescribed Items – If the form has been submitted with Charge Exempt item “Prescription” then at least one of the following needs to be selected from the list.

- Antibiotic
- High Fluoride Toothpaste/Daily Rinse Oral Hygiene Mouthwash
- Oral Medicine Mouthwash/Spray Analgesics
- Antifungals/Antivirals Anxiolysis
- Artificial Saliva Product

ACORN Assessment

Medical History	<input type="text"/>	Social History	<input type="text"/>	Dental History	<input type="text"/>	Tooth Decay	<input type="text"/>
Total Number of Teeth in Mouth	<input type="text"/> (No. Teeth)	Periodontitis	<input type="text"/>	Other Dental Need	<input type="text"/>	Decayed Permanent Teeth	<input type="text"/> (No. Teeth)
Decayed Deciduous Teeth	<input type="text"/> (No. Teeth)						

Medical History – Select Yellow or Green in respect of the relevant medical history which impacts on oral health and/or dental care planning

Social History – Select Yellow or Green in respect of the relevant social history which impacts on oral health and/or dental care planning

Dental History – Select Yellow or Green in respect of the relevant dental history which impacts on oral health and/or dental care planning

Tooth Decay – Select Red (Active tooth decay into dentine or beyond), Amber (Active tooth decay within enamel only) or Green (No active tooth decay seen in respect of tooth decay. If you enter a RAG status of Red you are also required to indicate the number of Decayed Deciduous Teeth and/or Decayed Permanent Teeth

Total Number of Teeth in Mouth – Enter the total number of teeth, enter zero if the patient is edentulous.

Periodontitis – Select Red (Pocket depths $\geq 5\text{mm}$ OR $\geq 4\text{mm}$ with BoP), Amber (BoP $\geq 10\%$ of sites AND pocket depths $\leq 4\text{mm}$ AND no BoP at 4mm site) or Green (BoP $< 10\%$ of sites AND pocket depths $\leq 4\text{mm}$ AND no BoP at 4mm sites) in respect of periodontal health.

Select periodontal examination not possible where applicable.

Select whether patient is edentulous.

Other Dental Need – Select Red (Dental treatment is required (such as repair of cusp fracture), Amber (no treatment is required now but regular review is needed for monitoring) or Green (no other need identified) in respect of other dental need.

Examples of other dental need include tooth surface loss, dental trauma, repair and maintenance (such as cusp fracture), removal of overhangs, denture replacement required, etc.

Decayed Deciduous Teeth – Where applicable enter the number of decayed deciduous teeth if the status for tooth decay is Red.

Entry for decayed deciduous teeth is mandatory for patients under the age of 12.

Decayed Permanent Teeth – Where applicable enter the number of decayed permanent teeth if the status for tooth decay is Red.

Entry for decayed permanent teeth is mandatory for patients 6 years and over.

Other (services)

Treatment on referral	<input type="checkbox"/>	Referral for Advanced Services	<input type="checkbox"/>
Free repair/replacement	<input type="checkbox"/>	Referral for High Needs	<input type="checkbox"/>
Further treatment within 2 months	<input type="checkbox"/>		
Domiciliary services	<input type="checkbox"/>		
Sedation services	<input type="checkbox"/>		
I have assessed and communicated risks and agreed a personalised prevention and a clinical dental care plan with the patient. Shared decision making principles have been followed in agreeing the next review/ACORN date in	<input type="text"/>	months	

Treatment on referral – Select this 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 “Treatment Category” must also be present.

Referral for Advanced Services – Select this if a patient is referred for advanced mandatory services (Sedation, Domiciliary Care or Orthodontics) on or after 1 April 2026.

Free repair/replacement – Select this if a restoration (Permanent Filling or Sealant Restoration/Root Filling, Crown or Inlay) has to be repaired or replaced within 12 months. The box should be selected even if a patient charge is not applicable. A charge band in “Treatment Category” must also be present and should be the band applicable to the course of treatment this should be entered in patient charge collected box in “Exemptions, Remissions & Patient Charge”, otherwise no patient charge will be deducted. A charge band in “Treatment Category” must also be present and should be the band applicable to the whole course of treatment.

This is discontinued for courses of treatment completed on or after 1 April 2026. Refer to Warranty Treatment section in Care Packages tab.

Referral for High Needs – Select this if a patient is referred to the Community Dental Service for High Needs on or after 1 April 2026.

Further treatment within 2 months – Select this if this course of treatment was required within two 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 or remitted from charges or charge payers. No patient charge will be deducted if applicable.

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 two months this cannot be claimed as continuation and must be claimed as a separate course of treatment. A patient charge will be deducted if applicable.

This is discontinued for courses of treatment completed on or after 1 April 2026.

Domiciliary services – Select this if domiciliary services have been provided. If treatment has been provided, then a charge band in “Treatment Category” should be crossed and a patient charge will be deducted if applicable.

Sedation services – Select this if sedation services have been provided. If treatment has been provided, then a charge band in “Treatment Category” should be crossed and a patient charge will be deducted if applicable.

The Next Review/ACORN date - select this to state the recall interval. This 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.

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 ethnicity.

This information is essential to contribute to an understanding of and response to oral health inequalities.

Clinician Declaration

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"/>

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, with the exception of courses of treatment where the clinician decides to discontinue treatment. In this instance, only the first and last boxes should be selected.

The declaration should also be replicated in Dental Practice Software Systems.

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