+ Printer										0 R	P1 1/04/ evisi	2011 ion 6	6													Λ	14	S	╋
Registration			NI	ISBS	A 11c	- On							atient	Info	rma	tion	- com	plete	in C	APIT	ALS	and	Blac	k ink					
Detient's NUIO	Ne			1303			y	T	T	-	Surna	ame																	
Patient's NHS Part 1 Provide		e, ad	dress	and	loca	ation	num	ber			First Forer	name	Э																
											House name		nber or	•												Г			
											Street							٦								t			
											City o	or Tow	vn					٦								T			
											Count	ty														Г			
											Posto	code																	
										4	chang		urnam ince la																
Performer num same as provid			rform mber	er	Γ	Ι	T				visit Title		Se	ex M	>	< or l		Dat Birt	e of h	D	D	М	М	Y	Y	Y	Υ		
Part 3 Incomp	lete Tre								lod							ccept		r			n sarr nce D						ast vis		
Incomplete trea			Band for 1	K	2	treat		3					Day		Mo M		Yea	Y		1	X	ale	D	ay D	M	lonth	Y	Y	
Part 4 Exempt			emiss		Eul	romi	noion				Dorti	ol ro	miaai					Eve	aata	nt					NLO	sing			
Patient under 1		1	\times			remis 2 ce	rt.	2	\times		- HC	3 cer		3		\times	In	mo	becta ther e-ba:		4	×			mot	ther	5	\times	
Aged 18 in full- time education		6	X				port	7	X			mptic	c credi on	8		\times	jo		ekers		9	X			tee c	redit			
Prisoner		J	X	em	ployr	-relat ment t allov	and		X				viden Rem					E	2	×			£		ento	cnarg	e colle	ected	
Part 5 Treatmer Band 1		gory 1	\mathbf{X}			Ban	d 2	2	X			Ba	and 3	3		×			gent atme	nt	4	X		Regu repla appli	cem		5	×	
Prescription onl	ly	6	X			Dent repa		7	X				ridge pairs	8		X			est c		9	X		Rem sutu		of	Α	X	
Part 5a Clinica	I Data S	Set																	Ν	lo. of t	eeth							Enter N	- lo.
Scale & polish		1	X			Flu	loride	e varı	nish	2	>	<		F	issu	ire se	alants	3						adio iken	grap	h(s)	4		
Endodontic trea	atment	5	No. of	teeth		erma ealar				6	No	o. of tee	eth		E	Extrac	ctions	7		lo. of t	eeth				own ovide		8	No. of te	eth
Upper denture - Acrylic		9	No. of	teeth			ower Acryl		ure	Α	No	o. of tee	əth			per c letal	lentur	e E		lo. of t	eeth			ower Meta		ture	С	No. of te	eth
Veneer(s) appli	ed	D	No. of	teeth			I	nlay((s)	E	No	o. of tee	əth		Brid	dge(s	s) fitteo	d F		lo. of u	inits	ma	ndate	ory s	ervio		G	X	
Examination		Η	X				ntibio escri		ems	J	No	o. of ite	.ms		Oth	ner tre	eatme	nt K		X		acc	ording	tice p g to D al Hea	elive		L	X	
Part 6 Other Se	ervices				_		. ,			_					_														
Treatment on re		_	X			e rep lacen		2	X				eatmei ionths	3	_	\times		ser	nicilia /ices		4	X			edat ervic		5	×	
Part 7 NICE GL I have given pre into account NI current oral hea	eventativ CE guid alth.	/e ad											No. c Mont		Par M	ισΝ	HSBS	M	se O	niy	М			£			·		
Part 9 Declarat	ry care a ergo wil	ll be	provic	led.		·		×		info app dete	rmati ropria ectior	on I ate a 1 of f	have	given may and ir	be t	this f aken rectn	orm is . For ess, I	the p	rect a iurpo sent t	and c se of to the	ompl f verit e disc	ete. ficatio	l uno on of	dersta this	and and	that if the p	it is r reven	tion and	
All the currently the patient is wi										Sign	ature	9												[Date				

+

Name (in CAPITALS) Signature Relationship to patient Date What is your ethnic group? Please choose ONE selection from this list to indicate your ethnic group: Patient declined L White British 1 White Irish 2 Other White 3 White & Black 4 White and Black African 5 White and Asian or British 7 Asian or British 8 Asian or British 8 Asian or British Bangladeshi 8 Asian or Black British Caribbean F Black British Caribbean Chinese J Any other ethnic group K Asian or Caribbean Asian or Black British Caribbean F Black British Caribbean Chinese J Any other ethnic group K K CLAIM FOR FREE OR REDUCED COST NHS DENTAL SERVICES Storm Free or reduced cost NHS dental services you MUST pay at the dental practice. If you subsequently confirm that you are entitled to receive free or reduced cost NHS 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.	PATIENT DECLARATION (This side of the form must be I would like the dental provider named overleaf, or their representative, to examine treatment that I am willing to undergo within NHS arrangements. I agree to pay the statutory charges for the NHS dental services I receive, un NHS dental services overleaf, and that I may have to pay the FULL amount p I agree, if necessary, to be examined and/or to have my dental records examined I declare that the information I give on this form is correct and complete. I underst To enable the NHS to prevent and detect fraud and incorrectness, I consent to the Services Authority, Primary Care Trusts, Department of Work & Pensions, HM Re I agree that some data processing will take place in either India or Sri Lanka beforr Your personal data will be deleted within 10 years of receipt into our systems.	ne me under the NHS and to give me any necessary care and nless I have completed a valid claim for free or reduced cost prior to treatment. d by the NHS Business Services Authority or other authorised bod stand that if it is not, appropriate action may be taken against me. ne disclosure of relevant information to and by the NHS Business evenue & Customs and local authorities.						
Relationship to pattern Date When the your ethnic group? Please choose ONE selection from this list to indicate your ethnic group: Please choose ONE selection from this list to indicate your ethnic group: Please of the your ethnic group? Please choose ONE selection from this list to indicate your ethnic group: Please of the your ethnic group? Please choose ONE selection from this list to indicate your ethnic group: Please of the your ethnic group? Pl	If you are signing for the patient give details below:	Signature						
What is your ethnic group? Please choose ONE selection from this list to indicate your ethnic group: Durket weeting All models Wins mean 1 Wins mean 2 Wins mean 3 Wins mean 6 Win		- D.4						
Write team 1								
Whete Hern 1 Whete Hern 2 Descriptions 3 Fash Edition 4 Bites Addian 5 Ause: The Society of So	What is your ethnic group? Please choose ONE selection from this	Is list to indicate your ethnic group: Patient declined						
Agence Base 9		rican 5 Asian 6 background 7 Asian British 8						
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 are not crain that you are entitled to free or reduced cost dental services, you can claim a refund. If you have applied for a qualifying benefit or exemption certificate encoded it you you must pay and claim a refund whenfit you do receive it. Routine chacks are carried out on claims including claims where evidence of entitlement is shown to the dental practice. If you are found to thave any order end will be to pay a penalty charge of up to £100. You will not have an opportunity to pay for the services list to avid the penalty. a) I am entitled to free NHS dental services because on the first day of treatment: I am under 18 years of age. I am untitled to free NHS dental services because on the first day of treatment: Date baby due/bom I am outries to a ge and in full time education Enter Name of college or university I am entitled to free NHS dental services because during the course of treatment I, or my partner, receive: Income Support (incapacity benefit and Disability Living Allowance does not count) I norme support (incapacity benefit and Disability Living Allowance does NOT count) Print name of person receiving benefit. Date of Birth D D M M Y Y Y Pension Credit Guarantee Credit (Savings Credit on its own does NOT count) Print name of person receiving benefit. Date of Birth D D M M Y Y Y Y Pensin credit Suphy as Credit to rege Medical Exemption Certificate or	Asian British 9 Asian British 0 Other Asian D Black British F Black Brit	ritish G Other Black H Chinese J Any other K						
The patient is responsible for the accuracy of this claim, NOT the dental practice. If you are not certain that you are entitled to free or reduced cost NHS dental services you NUST pay at the dental practice. If you subsequently confirm that you were entitled to free or reduced cost NHS 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 whenfy you do receive it. Routine checks are carried out on claims including claims where evidence of entitlement is shown to the dental practice. If you are found to have wrongly claimed free or reduced cost NHS dental services, you will have to pay a penalty charge of up to £100. You will not have an opportunity to pay for the services first day of treatment: a) I am entitled to free NHS dental services because on the first day of treatment: a) I am gregnant b) I am gregnant c) I had a baby in the last 12 months c) I am pregnant correct does not count) c) I am entitled to free NHS dental services because during the course of treatment I, or my partner, receive: c) I an entitled to free NHS dental services because during the course of treatment I, or my partner, receive: c) I am entitled to free NHS dental services because during the course of treatment I, or my partner, receive: c) I am entitled to free NHS dental services because during the course of treatment I, or my partner, receive: c) Income-based Jobseeker's Allowance (Contribution-based does NOT count) c) I am entitled to free NHS dental services because during the course of the following certificates Number 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: c) I am entitled to free NHS dental services because I am named on one of the following certificate Number certificate/Private Pension. NHS Prescription Charge Medical Exemption Certificate Number certificate/Card Number centret of State/Private Pe	CLAIM FOR FREE OR REDUCED COST	NHS DENTAL SERVICES						
I am under 18 years of age. I am 18 years of age and in full time education I am 18 years of age and in full time education Enter Name of college or university I am gregnant NHS Matemity Exemption certificate/card no. I had a baby in the last 12 months Date baby due/born D M M Y I am currently in prison or a young offender's institution Date baby due/born D M M Y Y I am entitled to free NHS dental services because during the course of treatment I, or my partner, receive: Income-based Jobseeker's Allowance (Contribution-based does NOT count) Print name of person receiving benefit Income-related Employment & Support Allowance (Contribution-related does NOT count) Print name of person receiving benefit, neceipt of State/Private Pension, NHS Prescription Charge Medical Exemption Certificate or any other benefit does not count. Print name of person receiving Benefit, receipt of State/Private Pension, NHS Prescription Charge Medical Exemption Certificate or any other benefit does not count. 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: Enter Certificate Number (You are not automatically entitled because you receive Tax Credits; there are qualifying conditions. If you qualify you will be sent an exemption certificate number (All Cardrificate Enter Certificate Number	The patient is responsible for the accuracy of this claim, NOT the dental prace If you are not certain that you are entitled to receive free or reduced cost NH subsequently confirm that you were entitled to free or reduced cost dental services benefit or exemption certificate but have not received it yet, you must pay and claim Routine checks are carried out on claims including claims where evidence o to have wrongly claimed free or reduced cost NHS dental services, you will h	Actice. HS dental services you MUST pay at the dental practice. If you as, you can claim a refund. If you have applied for a qualifying im a refund when/if you do receive it. of entitlement is shown to the dental practice. If you are foun						
I am 18 years of age and in full time education Enter Name of college or university I am pregnant NHS Maternity Exemption certificate/card no. I had a baby in the last 12 months Date baby due/born D M M Y I am currently in prison or a young offender's institution Date baby due/born D M M Y Y I am entitled to free NHS dental services because during the course of treatment I, or my partner, receive: Income-based Jobseeker's Allowance (Contribution-based does not count) Print name of person receiving benefit I hoome-related Employment & Support Allowance (Contribution-related does NOT count) Pension Credit Guarantee Credit (Savings Credit on its own does NOT count) Date of Birth D M M Y Y Pension Credit Guarantee Credit (Savings Credit on its own does NOT count) These are the ONLY benefits that entitle you to free NHS dental services. Other benefits such as Council Tax Benefit, Housing Benefit, receipt of State/Private Pension, NHS Prescription Charge Medical Exemption Certificate or any other benefit does not count. Enter Certificate Number () 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: Enter Certificate Number Enter Certificate Number () I am entitled to reduced cost NHS dental services because : I am named on a HC3 cer		<u>nent</u> :						
I am pregnant NHS Maternity Exemption certificate/card no. I had a baby in the last 12 months) Date baby due/bom D M M Y Y I am currently in prison or a young offender's institution) Date baby due/bom D M M Y Y b) I am entitled to free NHS dental services because during the course of treatment I, or my partner, receive: Print name of person receiving benefit income-based Jobseeker's Allowance (Contribution-based does NOT count) Print name of person receiving benefit Pension Credit Guarantee Credit (Savings Credit on its own does NOT count) Print name of person receiving benefit, receipt of State/Private Pension, NHS Prescription Charge Medical Exemption Certificate or any other benefit such as Council Tax Benefit, Housing Benefit, receipt of State/Private Pension, NHS Prescription Charge Medical Exemption Certificates that is valid during the course of treatment: HC2 Certificate Enter Certificate/Card Number HC2 Certificate Enter Certificate/Card Number (You are not automatically entitled because you receive Tax Credits; there are qualifying conditions. If you qualify you will be sent an exemption certificate/Card Number I am named on a HC3 certificate that is valid during the course of treatment which limits the amount I have to pay to £ Enter Certificate Enter Certificate/Card Number I am named on a HC3 certificate that is valid during the course of treatment		Enter Name of college or university						
I had a baby in the last 12 months) Date baby due/born D M Y Y I am currently in prison or a young offender's institution b) I am entitled to free NHS dental services because during the course of treatment I, or my partner, receive: Income Support (Incapacity benefit and Disability Living Allowance does not count) Income-based Jobseeker's Allowance (Contribution-based does NOT count) Print name of person receiving benefit. Date of Birth D M Y Y Y Y Pension Credit Guarantee Credit (Savings Credit on its own does NOT count) Enter National Insurance Number Enter National Insurance Number 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: Enter Certificate Number MHS Tax Credit Exemption Certificate (Card) (You are not automatically entitled because you receive Tax Credits; there are qualifying conditions. If you qualify you will be sent an exemption certificate/card Enter Certificate Number I am anetide to reduced cost NHS dental services because : I am named on a HC3 certificate that is valid during the course of treatment which limits the amount I have to pay to £ Enter Certificate/Card) I am named on a HC3 certificate that is valid during the course of treatment which limits the amount I have to pay to £ I am named on a HC3 certificate that is valid during t		NHS Maternity Exemption certificate/card no						
b) I am entitled to free NHS dental services because during the course of treatment I, or my partner, receive: Income Support (Incapacity benefit and Disability Living Allowance does not count) Income-based Jobseeker's Allowance (Contribution-based does NOT count) Pension Credit Guarantee Credit (Savings Credit on its own does NOT count) Pension Credit Guarantee Credit (Savings Credit on its own does NOT count) These are the ONLY benefits that entitle you to free NHS dental services. Other benefits such as Council Tax Benefit, Housing Benefit, receipt of State/Private Pension, NHS Prescription Charge Medical Exemption Certificate or any other benefit does not count. 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: MHC2 Certificate Enter Certificate Number You are not automatically entitled because you receive Tax Credits; there are qualifying conditions. If you qualify you will be sent an exemption certificate/card) (I am entitled to reduced cost NHS dental services because : I am named on a HC3 certificate that is valid during the course of treatment which limits the amount I have to pay to £ 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 a penalty charge of up to £100 if it is not correct and I am not entitled. If you are signing for the patient give details below: Signature		Bate baby due/born D D M M Y Y						
Income Support (Incapacity benefit and Disability Living Allowance does not count) Print name of person receiving benefit Income-based Jobseeker's Allowance (Contribution-based does NOT count) Print name of person receiving benefit Income-related Employment & Support Allowance (Contribution-related does NOT count) Page of Birth D D M M Y Y Y Y Pension Credit Guarantee Credit (Savings Credit on its own does NOT count) These are the ONLY benefits that entitle you to free NHS dental services. Other benefits such as Council Tax Benefit, Housing Benefit, receipt of State/Private Pension, NHS Prescription Charge Medical Exemption Certificate or any other benefit does not count. 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: Enter Certificate Number MHS Tax Credit Exemption Certificate (Card) Enter Certificate/Card Number Enter Certificate/Card Number (You are not automatically entitled because you receive Tax Credits; there are qualifying conditions. If you qualify you will be sent an exemption certificate/card Number Enter Certificate/Card Number l am entitled to reduced cost NHS dental services because : I am named on a HC3 certificate that is valid during the course of treatment which limits the amount I have to pay to £ Enter Certificate Number l 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 a penalty charge of up to £100 if it is no	I am currently in prison or a young offender's institution							
Income-based Jobseeker's Allowance (Contribution-based does NOT count) Print name of person receiving benefit Income-related Employment & Support Allowance (Contribution-related does NOT count) Date of Birth D D M M Y Y Y Y Pension Credit Guarantee Credit (Savings Credit on its own does NOT count) Enter National Insurance Number These are the ONLY benefits that entitle you to free NHS dental services. Other benefits such as Council Tax Benefit, Housing Benefit, receipt of State/Private Pension, NHS Prescription Charge Medical Exemption Certificate or any other benefit does not count. 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: HC2 Certificate Enter Certificate Number NHS Tax Credit Exemption Certificate (Card) Enter Certificate/card Number (You are not automatically entitled because you receive Tax Credits; there are qualifying conditions. If you qualify you will be sent an exemption certificate/card Enter Certificate Number d) I am entitled to reduced cost NHS dental services because : I am named on a HC3 certificate that is valid during the course of treatment which limits the amount I have to pay to £ 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 a penalty charge of up to £100 if it is not correct and I am not entitled. If you are signing for the patient give details below: Signature <th>b) I am entitled to free NHS dental services because during the course of trea</th> <th>eatment I, or my partner, receive:</th>	b) I am entitled to free NHS dental services because during the course of trea	eatment I, or my partner, receive:						
Income-based Jobseeker's Allowance (Contribution-based does NOT count) Income-related Employment & Support Allowance (Contribution-related does NOT count) Pension Credit Guarantee Credit (Savings Credit on its own does NOT count) Enter National Insurance Number These are the ONLY benefits that entitle you to free NHS dental services. Other benefits such as Council Tax Benefit, Housing Benefit, receipt of State/Private Pension, NHS Prescription Charge Medical Exemption Certificate or any other benefit does not count. 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: M HC2 Certificate Enter Certificate Number NHS Tax Credit Exemption Certificate (Card) Enter Certificate/Card Number (You are not automatically entitled because you receive Tax Credits; there are qualifying conditions. If you qualify you will be sent an exemption certificate/card) Enter Certificate Number d) I am entitled to reduced cost NHS dental services because : I am named on a HC3 certificate that is valid during the course of treatment which limits the amount I have to pay to £ 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 a penalty charge of up to £100 if it is not correct and I am not entitled. If you are signing for the patient give details below: Signature	Income Support (Incapacity benefit and Disability Living Allowance does n							
Income-related Employment & Support Allowance (Contribution-related does NOT count) Enter National Insurance Number Pension Credit Guarantee Credit (Savings Credit on its own does NOT count) Enter National Insurance Number These are the ONLY benefits that entitle you to free NHS dental services. Other benefits such as Council Tax Benefit, Housing Benefit, receipt of State/Private Pension, NHS Prescription Charge Medical Exemption Certificate or any other benefit does not count. 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: M HC2 Certificate Enter Certificate Number NHS Tax Credit Exemption Certificate (Card) Enter Certificate/card Number (You are not automatically entitled because you receive Tax Credits; there are qualifying conditions. If you qualify you will be sent an exemption certificate/card) Enter Certificate Number d) I am entitled to reduced cost NHS dental services because : Enter Certificate Number 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 a penalty charge of up to £100 if it is not correct and I am not entitled. If you are signing for the patient give details below: Signature	Income-based Jobseeker's Allowance (Contribution-based does NOT co	ount)						
Pension Credit Guarantee Credit (Savings Credit on its own does NOT count) These are the ONLY benefits that entitle you to free NHS dental services. Other benefits such as Council Tax Benefit, Housing Benefit, receipt of State/Private Pension, NHS Prescription Charge Medical Exemption Certificate or any other benefit does not count. 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: A HC2 Certificate MHS Tax Credit Exemption Certificate (Card) Enter Certificate/Number (You are not automatically entitled because you receive Tax Credits; there are qualifying conditions. If you qualify you will be sent an exemption certificate for any and and on a HC3 certificate that is valid during the course of treatment which limits the amount I have to pay to £ I am named on a HC3 certificate that is valid during the course of treatment which limits the amount I have to pay a penalty charge of up to £100 if it is not correct and I am not entitled. If you are signing for the patient give details below: Signature Name (in CAPITALS) Signature	Income-related Employment & Support Allowance (Contribution-related	d does NOT count)						
receipt of State/Private Pension, NHS Prescription Charge Medical Exemption Certificate or any other benefit does not count. (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: A HC2 Certificate NHS Tax Credit Exemption Certificate (Card) (You are not automatically entitled because you receive Tax Credits; there are qualifying conditions. If you qualify you will be sent an exemption certificate/card) d) I am entitled to reduced cost NHS dental services because : I am named on a HC3 certificate that is valid during the course of treatment which limits the amount I have to pay to £ 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 a penalty charge of up to £100 if it is not correct and I am not entitled. If you are signing for the patient give details below: Name (in CAPITALS)		ount)						
treatment: Enter Certificate NHS Tax Credit Exemption Certificate (Card) Enter Certificate Number (You are not automatically entitled because you receive Tax Credits; there are qualifying conditions. If you qualify you will be sent an exemption certificate/card) Inter Certificate/card Number d) I am entitled to reduced cost NHS dental services because : I am named on a HC3 certificate that is valid during the course of treatment which limits the amount I have to pay to £ 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 a penalty charge of up to £100 if it is not correct and I am not entitled. If you are signing for the patient give details below: Signature Name (in CAPITALS) Signature	receipt of State/Private Pension, NHS Prescription Charge Medical Exemption (Certificate or any other benefit does not count.						
NHS Tax Credit Exemption Certificate (Card) Enter Certificate/card Number (You are not automatically entitled because you receive Tax Credits; there are qualifying conditions. If you qualify you will be sent an exemption certificate/card) I am entitled to reduced cost NHS dental services because : I am named on a HC3 certificate that is valid during the course of treatment which limits the amount I have to pay to £ Enter Certificate Number 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 a penalty charge of up to £100 if it is not correct and I am not entitled. If you are signing for the patient give details below: Signature Name (in CAPITALS) Signature		ne following certificates that is valid during the course of						
(You are not automatically entitled because you receive Tax Credits; there are qualifying conditions. If you qualify you will be sent an exemption certificate/card) d) I am entitled to reduced cost NHS dental services because : I am named on a HC3 certificate that is valid during the course of treatment which limits the amount I have to pay to £ Enter Certificate Number 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 a penalty charge of up to £100 if it is not correct and I am not entitled. If you are signing for the patient give details below: Name (in CAPITALS)	HC2 Certificate	Enter Certificate Number						
exemption certificate/card) d) I am entitled to reduced cost NHS dental services because : I am named on a HC3 certificate that is valid during the course of treatment which limits the amount I have to pay to £ Enter Certificate Number 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 a penalty charge of up to £100 if it is not correct and I am not entitled. If you are signing for the patient give details below: Name (in CAPITALS)	NHS Tax Credit Exemption Certificate (Card) Enter Certificate/card Number							
I am named on a HC3 certificate that is valid during the course of treatment which limits the amount I have to pay to £ Enter Certificate Number 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 a penalty charge of up to £100 if it is not correct and I am not entitled. If you are signing for the patient give details below: Signature		qualifying conditions. If you qualify you will be sent an						
Enter Certificate Number 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 a penalty charge of up to £100 if it is not correct and I am not entitled. If you are signing for the patient give details below: Signature Name (in CAPITALS) Signature								
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 a penalty charge of up to £100 if it is not correct and I am not entitled. If you are signing for the patient give details below: Name (in CAPITALS)	I am named on a HC3 certificate that is valid during the course of trea							
If you are signing for the patient give details below: Signature	•	I am entitled to free or reduced cost NHS dental services as						
Name (in CAPITALS)								
Relationship to patient Date		Signature						
	Relationship to patient	Date						

Т