+ Printer				(FP170 01/04/2010 Revision 3					IS +
Registration					Part 2 Patient I	Information -	complete in CAPIT	TALS and Bla	ick ink	
		NH	SBSA Use Only		Surname					
Patient's NHS N Part 1 Provider		dress a	and location numb	ber	First Forename					
					House number or name					
					Street					
					City or Town					
					County					
					Postcode					
					Previous surname changed since las					
Performer number same as provider		erforme umber	r		visit Title Se	x M 🔀 or F	Eirth Date of		ΙΥΥΥ	Y
Part 3 Exemption	ons and R	emissi	ons							
Patient under 18	1	X	Full remission - HC2 cert.	2	Partial remission - HC3 cert.	3	mother	4	Nursing mother 5	×
Aged 18 in full- time education	6	X	Income support	7 🗙	NHS tax credit exemption	8	Income-based jobseekers allowance	u i i i i i i i i i i i i i i i i i i i	ension credit uarantee credit	
Prisoner	J	X	Income-related employment and support allowance			e of Exemptionsion not see			Patient charge co	Dilected
Part 4 Orthodor	ntic Data S	et - Tre	eatment Proposed	/Treatment	Provided					
		Enter	No. Removable		Removable		Fixed upper		Fixed lower	
Radiograph(s)	1		upper appliance	2	lower appliance	3	appliance	4 Vppe	appliance 5	
Functional appliance	6	X	Retainer upper	7	Retainer lower	8 🗙	Extractions	9		
Part 5 Orthodor	ntic Asses	sment	and Treatment Sta	art					Right Lower	Len Year
Assessment & review	1	X	Assess & refuse treatment	2	Assess & appliance fitted	3	Date of Refer	ral D	DMM	YY
TEVIEW	E	Enter valu		Enter v			Date of Asse	ssment D	DMM	Y Y
IOTN	4	1 - 5	Aesthetic component	5	0 IOTN not applicable	6 🗙	Date Applian	ce Fitted	DMM	YY
Part 6 Orthodor	ntic Comp	letion								
Treatment abando -patient failed to re	oned	\mathbf{X}	Treatment abandoned -patient requested	2	Treatment discontinued	3	Treatment completed	4 ×	PAR scores 5	X
		inter valu		Enter v	alue					
IOTN	6	1-5	Aesthetic component	7	IOTN not applicable	8 🗙	Date of comp		Day Month	Year
Repair to appliance fitted by another d		X	Regulation 11 replacement appliance	AX			or last visit			
Part 7 NHSBSA Use O	niy M		М	М	М	М	М	£		
Part 8 Declaration I declare that I am properly entitled to practise 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 All the currently necessary care and treatment that the patient is willing to undergo has I										
been carried out		ig to un	uorgonias	Signature				Date		
+										

+	PATIENT DECLARATION (This side of the form must be completed by, or or	h behalf of, the	patient)								
	PATIENT DECLARATION (TO BE COMPLETED FOR ALL PATIENTS)										
	would like the dental provider named overleaf, or their representative, to examine me under the NHS and to give me any necessary care and reatment that I am willing to undergo within NHS arrangements.										
Т	agree to pay the statutory charges for the NHS dental services I receive, unless I have completed a valid claim for free or reduced cost IHS dental services overleaf, and that I may have to pay the FULL amount prior to treatment.										
	I agree, if necessary, to be examined and/or to have my dental records examined by the NHS Business Services Authority or other authorised body.										
Т	I declare that the information I give on this form is correct and complete. I understand that if it is not, appropriate action may be taken against me. To enable the NHS to prevent and detect fraud and incorrectness, I consent to the disclosure of relevant information to and by the NHS Business Services Authority, Primary Care Trusts, Department of Work & Pensions, HM Revenue & Customs and local authorities.										
ŀ	If you are signing for the patient give details below:										
	Name (in CAPITALS) Signature										
	Relationship to patient	Date									
۷	What is your ethnic group? Please choose ONE selection from this list to indicate your ethnic	nnic group:	Patient declined								
v	White British 1 X White Irish 2 X Other White 3 X White & Black 4 X White and Black African 5 X Asian	6 Other mixed background									
A	Asian or Asian British 9 Asian British 0 Other Asian Banoladeshi 0 D Black or Background D Black British Caribbean Caribbean	H X Chinese	J Any other ethnic group K X								
Fi		lices									
Y	CLAIM FOR FREE OR REDUCED COST NHS DENTAL SERV YOU MUST READ THIS FORM BEFORE YOU SIGN IT. ONLY SIGN IT IF IT IS CORRECT.	ICES									
	The patient is responsible for the accuracy of this claim, NOT the dental practice.										
s	If you are not certain that you are entitled to receive free or reduced cost NHS dental services you subsequently confirm that you were entitled to free or reduced cost dental services, you can claim a refu benefit or exemption certificate but have not received it yet, you must pay and claim a refund when/if you	nd. If you have a									
	Routine checks are carried out on claims including claims where evidence of entitlement is show		practice. If you are found								
	to have wrongly claimed free or reduced cost NHS dental services, you will have to pay a penalty an opportunity to pay for the services first to avoid the penalty.	charge of up to	£100. You will not have								
	a) I am entitled to free NHS dental services because <u>on the first day of treatment</u> :										
	X I am under 18 years of age.										
	I am 18 years of age <u>and</u> 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 D M 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									
	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)	Finite State St									
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.											
С	c) I am entitled to free NHS dental services because I am named on one of the following certificat										
	treatment:										
	HC2 Certificate		ertificate Number								
	NHS Tax Credit Exemption Certificate (Card)		ificate/card Number								
	(You are not automatically entitled because you receive Tax Credits; there are qualifying conditions. If certificate/card)	you quality you v	vill be sent an exemption								
d	d) I am entitled to reduced cost NHS dental services because :										
	\sim I am named on a HC3 certificate that is valid during the course of treatment which limits th	ne amount I hav	e to pay to £								
		Enter C	ertificate 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.											
ŀ	If you are signing for the patient give details below:										
	Name (in CAPITALS)										
	Relationship to patient	Date									
+	+		+								