Writing Samples
6-October-2010

Dr.Edwin Matthews
Oral Medicine specialist

You had better NOT spell referring as reffering in the Test!  You will not pass !! !
Richmond VIC 3121

Dear Dr.Matthews

Re Henry Perkins 72 y.o.

I am reffering the above patient who complains of a tender palate, for appropriate diagnosis and treatment plan.

Mr.Perkins is a hypertensive patient taking Captopril. ✓ He has an ✓ elevated cholesterol level and a ✓ hyperplastic prostrate for which he is taking Finasteride. ✓ He is also using Flusone ✓ inhalation aerosol for asthma. ✓

Mr.Perkins complained about a tender palate during a “long overdue” check up. On an intraoral examination two asymptomatic, denuded, erythematous, smooth areas were noticed in the dorsum of the tongue with no papillae. He was unaware of the lesion. A periapical lesion surrounding the apecies of 11, 12 and 21 was treated in June 2009.

Mr. Perkins is divorced, lives alone and is a non smoker. ✓ I suspect it to be candida caused by the ✓ asthma medication. Please examine the patient and suggest the ✓ diagnosis and treatment plan.

Please do not hesitate to contact me if you require
any further information.

Yours truly,
Doctor

16 – January – 2007

Dr. R. Sanders
Periodontist
36 Esser Street
Adelaide 5000

Dear Dr. Sanders

Re John Redbone 49 y.o.

I am referring the above patient who complains of a painful lesion in the left side of his mouth for the past 4 months. Please attend to the unstable periodontal status of the patient.

Mr. John Redbone has Rheumatoid Arthritis, and is a heavy smoker for the past 25 years. Mr. John Redbone has Rheumatoid Arthritis, and has been a heavy smoker for ..........

In August 2001 after a full mouth periapical Xray, I prescribed Chlorhexidine mouthwash, Tetracycline antibiotics and referred Mr. Redbone to a periodontist for root planing. Follow up supra and subgingival scaling were done on June 2003 and July 2005.

Mr. Redbone is complaining of a painful lesion in the left side of his mouth for the past 4 months which is sensitive to heat. Intraoral examination and Xrays show a vertical bone resorption but no caries. I am enclosing the Xrays with this letter for your examination.

I am attaching the Xrays to this letter for your ...

As Mr. Redbone does not have a stable periodontal condition, I request you to attend to this patient’s unstable periodontitis. ... condition, I request that you take over the management and ongoing care of this patient.

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1 This is present tense
2 “the past 25 years” sounds like past tense to me
3 Follow up supra 1st thing and subgingival 2nd thing scaling were done on June 2003 and July 2005.
Please do not hesitate to contact me if you require any further information.

Yours truly,

Doctor

20 – December – 2007

Dr. Brian Brown
Oral Surgeon
Level 35
440 Collins street
Melbourne 3000

Dear Dr. Brown

Re Michael Collins 39 y.o.

I am referring the above patient who suffers from an Oroantral fistula. I request you take over the management and ongoing care of this patient.

Mr. Michael Collins is a chronic smoker and is suffering from many chest infections for the past 2 years. He was diagnosed with HIV + one year ago. Mr. Collins maintains a very poor oral hygiene in spite of repeated instructions. He has undergone periodic scaling and polishing yet has a severe infection in the gums (Vincent’s disease).

**you need past tense here because you are writing about something that has been happening for the past 2 years. Should be: …and has been suffering…**

An extraction of 26, 27 was performed on 24 November 2007, and Penicillin 500mg was prescribed. Mr. Collins has had no pain since then, yet he complains of impaired speech, a resinous voice and food accumulation.

On examination there was a large hole in the gum at the extraction site. I am attaching the X-rays to this letter for your reference.

I request you take over the management of this Oroantral fistula and provide ongoing treatment for this patient. Please do not hesitate to contact me if you require any further information.

Yours truly,

Doctor
He is a chronic smoker and has been smoking for the past 22 years. He had a cigarette this morning.

When I was a child, I had mumps and measles and had been chronically sick until the age of twelve.

Yesterday I had a bit of a cold.

She has had chronic jaw pain ever since having her wisdom teeth extracted.

“Has had” infers the pain/problem might recur.

She had had severe pain which radiated down the right side of her face to her right shoulder – but no more.

“Had had” implies the problem has now been cleared up and is not going to come back.

When writing / talking about things that have happened a long time ago - you need to use the “helping” word ‘has’ ‘have’ or ‘had’ as well as the action word ‘been’ ‘talked’ ‘smoked’ ‘drank’ - whatever.

6-October-2010

Dr. Edwin Matthews  
Oral Medicine specialist  
Richmond VIC 3121  
You will get an “A” for OET Writing if you
(a) capitalize trade names of drugs (but not for generic names)
(b) remember to put in the articles a, an or the
(c) use the correct past-tense of the verb to be [I was/he was/they were]

Dear Dr. Matthews

Re Henry Perkins 72 y.o.

I am referring the above patient who complained of a tender palate, for appropriate diagnosis and treatment plan.

Mr. Perkins is a hypertensive patient taking Captopril. He has an elevated cholesterol level and a hyperplastic prostate for which he is taking Finasteride. He is also using Flusone inhalation aerosol for asthma.

Mr. Perkins complained about a tender palate during a “long overdue” check up. On intraoral examination two asymptomatic, denuded, erythematous, smooth areas are noticed in the dorsum of the tongue with no papillae. He was unaware of the lesion. A periapical lesion surrounding the apices of 11, 12 and 21 was treated in June 2009.

You are writing in the past tense: he complained about a tender palate .... What should this be ?????
Mr. Perkins is divorced, lives alone and is a non smoker. I suspect it to be candida caused by asthma medication. Please examine the patient and suggest the diagnosis and treatment plan.

Please do not hesitate to contact me if you require any further information.

Yours truly,
Doctor

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Task 1 Case Notes: Noah Langley

Read the case notes below and complete the writing task which follows:

*Time allowed: 40 minutes*

**Today’s Date**
04/02/10

**Patient History**
Male
Noah Langley
2 Bogan Street
Ipswich 4242

DOB 25/04/2002

**Reason for presenting**
Fractured front tooth - trauma
Hit in mouth by swing while running in school playground
School notified parents it was an accident

**Dental History**
Nil

5 ‘asthma medication’ – a noun – needs a little word before ‘asthma’ … What should this be ???
Medical history

Epilepsy-controlled by Dilantin
Thumb sucking to age 5

Family & Social history

Only child of John and Megan Langley.
Home Contact number (07) 3486 3597
Moved to area from country town one month ago
No regular GP or dentist
Have dental health insurance
Parents anxious to preserve tooth
Noah has no dental experience Very anxious
Worried about pain

Initial Examination

04/02/10
Large mesioincisal fracture 1.1.
40 min since accident.
Fractured fragment kept in milk

Treatment

04/02/08
Exam: Dycal + G.I.C dressing.
Paracetemol given.

Writing Task

Using the information in the case notes, write a letter of referral to pedodontist, Barry Bennett, 25 George Street, City, 4000. Include all relevant case notes and request for treatment.

In your answer:

• Expand the relevant case notes into complete sentences
• Do not use note form
• The body of the letter should not be more than 200 words
• Use correct letter format

Task 1 Model Letter: Noah Langley

04/02/2010

Dr. Barry Bennett
25 George Street
City, 4000

Dear Dr. Bennett,

Re: Noah Langley
Born: 25/04/2002
Noah Langley, a 7 year old boy, presented to my clinic with the complaint of a broken front tooth following an accident at his school playground. It was forty minutes since the accident occurred.

His medical history reveals epilepsy which is currently under control with dilantin. Until the age of five he had the habit of thumb sucking.

The extra oral examination revealed that the lip was swollen and lacerated. The intra oral examination revealed a large mesio-incisal fracture of upper right central incisor with exposure of pulp. The general dental condition is fair with hyperplastic gums which I believe are due to the adverse effect of dilantin which Noah is taking for the treatment of his epilepsy.

Noah, being the only child in the family and having had no previous dental experience, was very anxious about the dental procedures. I have dressed the tooth with dycal and glass ionomer cement and also have prescribed paracetamol for any pain he might experience.

Could you please examine, diagnose and treat the fractured tooth as you think appropriate. I would like to remind that he might be uncooperative on a dental chair.

Yours sincerely,

Dr.X

190 words

Writing Task 2

Read the case notes below and complete the writing task which follows:

Time allowed: 40 minutes

Today's Date
15/05/10

Patient History

David Lee
8/ 102 Waverly Street
Toowong 4150
Phone Mob 412 587 233
DOB 01/05/1956

Reason for Presenting

Pain left side of face, radiating from ear to front teeth.
Reaction to hot & cold.
Teeth 2.6 2.7 tender to touch

Dental History
Irregular attendee
X-Rays
Fillings
Wisdom teeth extracted

Medical history

Cardiovascular disease
Triple by-pass surgery 2003
Current medication: Cartia 1 daily, Karvea 150mg daily to control BP
Lipex 10mg once daily
Allergy to sulphur drugs

Family history

Married, 3 children
Medical practioner

Initial Examination

05/01/2003
All teeth present except wisdom teeth
Porcelain crowns 1.3 1.2 1.1 2.1 2.2 2.3 3.3 3.2 3.1 4.1 4.2 4.3
Occlusal composite fillings 1.6 1.5 2.6 3.7
MOD Amalgams 1.4 4.6 3.6
Caries lesions 3.7 2.2
Periodontal condition average to poor
Average pocket depth 3.4mm

Treatment record

05/01/2003
Exam X-Rays

25/01/2003
Composite filling 2.2
Composite filling/ vital pulp cap 3.7
OHI (Oral hygiene instruction) Scale/ clean
2.2 ml Scandonest times 2

05/02/2003
Final scale/clean

10/10/2003
Composite filling repair 4.6 disto-lingual cusp

02/04/2006
Exam X-Rays composite filling 4.3

20/07/2006
FTA (Failed to attend)

15/05/2010
Exam PA X-Ray 2.6 2.7 carious exposure
Ledermix dressing 2.6 2.7 cotton wool/cavit

Writing Task
Using the information in the case notes, write a letter of referral to Endodontist & Prosthodontist, Blair Howell (28 George Street, City, 4000) for root canals & crowns on 2.6 2.7

In your answer:

- Expand the relevant case notes into complete sentences
- Do not use note form
- The body of the letter should not be more than 200 words
- Use correct letter format

**Task 2 Model Letter: David lee**

15/05/10

Dr. Blair Howell  
28 George Street  
City, 4000

Reference  
Dr. David Lee  
8/102 Waverley Street  
Toowong, 4150

Born: 01/05/1956

Dear Dr. Howell

Dr. David Lee, a medical practitioner, presented to my clinic on 15/05/2010 with the complaint of pain on the left of the face reported to be radiating from the left ear to the front teeth. The teeth have been sensitive to thermal stimuli. Dr. Lee reports that the upper left first and second molars have been tender to touch.

The initial examination on 05/01/2003 revealed porcelain crowns, composite fillings and amalgam fillings on several teeth. The general periodontal condition was fair with average pocket depth of 3.4mm. The dental history reveals that he has been an irregular attender and has failed to keep up with his appointments.

Intraoral periapical radiographs of the teeth in complaint were taken on the same day. The radiographs revealed deep caries with exposure of the pulp on the upper left first and second molars. I have dressed the teeth with Ledermix and Cavit as protective layer.

Regarding his medical history, Dr. Lee suffers from cardiovascular disease and underwent triple by-pass surgery in 2003, for which he is currently on medication. In addition, he is allergic to sulphur drugs.

I believe Dr. Lee would require root canal treatment followed by crowns on both the teeth (26 and 27). I have enclosed the radiograph for your reference.
Writing Task 3 Dentists

Time allowed 40 minutes
Read the case notes below and complete the writing task which follows:

Today's Date
20/10/09

Patient History
Male
Darren Simpson
88 Sharp Street
Tawnton, 4151
Mobile: 401 932 254
DOB 03/03/1952

Reason for presenting
Broken back teeth

Dental History
No regular dental attendance- only when needs to
Poor dental hygiene
Prefers extraction to fillings
Refuses scale and clean

Medical history
Smoker 2 packets per day for 25-30 years
Moderate to heavy alcohol consumption
Type 2 diabetes
Allergy- penicillin

Family & Social history
Divorced 10 years ago
No children
Brisbane City Council Road Worker
Lives with father – an invalid pensioner

Initial Examination
20/10/09
Missing 1.8 1.7 1.5 2.4 2.5 2.7 2.8 3.8 3.7 3.6 4.2 4.7
Carious lesions 1.6 3.4 3.5 4.4 4.5
Periodontal pockets 4-9mm
Bleeding on probing, pus exudate
Heavy calculus deposits
Painless ulcer right lower lateral border of tongue present for more than 1 year
GIC dressing

Provisional diagnosis: oral cancer

Treatment record
20/10/09
Exam G.I.C dressing

Writing Task
Using the information in the case notes, write a letter of referral to oral surgeon, Dr. Peter Smith, 28 George Street, City, 4000 for assessment of ulcer and confirmation of diagnosis.

In your answer:

- Expand the relevant case notes into complete sentences
- Do not use note form
- The body of the letter should not be more than 200 words
- Use correct letter format

Task 3 Model Letter: Darren Simpson

20/10/2009

Dr. Peter Smith
28 George Street
City, 4000
Dear Dr. Smith,

Re: Mr. Darren Simpson  
DOB: 03/03/1952

I am referring Mr. Simpson to you because of my concern for the long standing ulcer on his tongue which was revealed during the initial examination. He presented to my clinic on 20/10/09 with broken back teeth which I have dressed with glass ionomer cement.

The initial examination 20/10/09 revealed several missing teeth and carious lesions. The ulcer on the right lower lateral border of the tongue has remained asymptomatic for more than one year. The general dental condition is poor with heavy calculus deposits. Examination also revealed several deep periodontal pockets, bleeding gums and pus exudates. The patient has not had regular dental checks for a long time.

The medical history reveals that he is suffering from type 2 diabetes and is allergic to penicillin drugs. No details regarding medication for diabetes were provided. He is a heavy smoker and moderate to heavy drinker as well.

I believe the ulcer on his tongue to be a cancerous lesion and I would appreciate it if you could examine and treat the ulcer as you think appropriate.

Yours sincerely,

Dr. X  Word Length: 176 words

Writing Task 4 Dentists

Time allowed 40 minutes

Read the case notes below and complete the writing task which follows:
You are a dentist in a suburban practice.

Today's Date  
24/08/10

Patient History

Maria Jabore  
Female  
DOB 01/05/1932  
18 Hexham St  
Enoggera 4122  
Phone 07 8945 3257

Reason for presenting
Swollen cheek left side. No pain

**Dental History**
Regular patient
Good diet
Good dental hygiene, assisted by husband

**Medical History**
Patient suffering from Alzheimer’s disease (diagnosed in 2007)
High blood pressure
Taking anti-depressants

**Family History**
Married to Mr Harold Jabore (74 yrs, patient’s only carer).
4 children living elsewhere
Social Services Age Pension

**Doctors**
G.P: Dr Mark Pritchard: Wellers Hill Medical Centre
Gerontologist: Dr Adrian Fogey Mater Hospital

**Dental History**
Fillings
Regular scale and clean
All teeth present except third molars
Amalgams fillings 16, 26, 35, 36, 37, 46, 47
Not easy to treat
History of biting if worried
Sedation or general anesthetics required.
Suspected dry mouth
Large calculus and sore spots
Eating difficulties

**Today’s Presentation**

**24/08/10**
Complaining of swelling in left cheek that comes and goes for past 10 days.
Won’t allow husband to clean teeth.

**Objective**
Examination reveals calculus deposits, dry mouth, soft fluctuant swelling left cheek increasing and decreasing over last 10 days.
Suspect salivary gland swelling.
No pain.
Prescribed Amoxil 500mg.

**Subjective**
Dementia worsened, hence uncooperative.
Husband explains the situation to the patient.
Patient responsive to husband’s commands
Husband responsible for management of her behaviour.
Patient confused
Does not understand what is going on
Finds new situations and surroundings difficult.

**Writing Task**
Dear Dr. Hope,

Re: Mrs. Maria Jabore
D.O.B 01/05/1932

Thank you for seeing Mrs. Jabore, a 78-year-old pensioner who presented to my clinic today, accompanied by her husband, complaining of a painless swelling in the left cheek.

Regarding her medical history, Mrs. Jabore suffers from Alzheimer’s disease which was diagnosed in 2007. Her dementia has been getting worse and she finds it difficult to understand new situations and surroundings and hence is unco-operative. However, the patient is responsive to her husband’s commands and he is therefore responsible for management of her behaviour. She is under treatment by gerontologist, Dr. Adrian Foggy of the Mater Hospital and general physician Dr. Mark Pritchard. She is also a hypertensive and she takes anti-depressants regularly.

Her dental history shows that she has no missing teeth except the third molars and there are several amalgam fillings. She has good oral hygiene which was achieved by the assistance of her husband.

Today's examination revealed a painless soft fluctuant swelling in the left cheek which has been changing in size over the last 10 days. This swelling is associated with calculus deposits and dry mouth. Therefore, I suspect a salivary gland swelling and have prescribed Amoxil 500 mg.
It would be greatly appreciated if you could examine, diagnose and treat this patient as you feel appropriate regarding her medical condition.

Yours sincerely,

Dr. Dentist

Word Length: 217

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**Task 7 Case Notes: Maggie Ross**

Read the case notes below and complete the writing task which follows:

*Time allowed: 40 minutes*

**Patient History**
Maggie Ross  
1 Logan Road  
Mt Gravatt, 4122  
DOB: 17/09/1977  
Occupation: Journalist

**Reason for Presenting**
Gaps between the upper front teeth  
Yellow teeth  
Cosmetics  
Patient worried about appearance. Would like treatment ASAP as works in media industry

**Dental History**
Fillings  
Regular scale and clean  
Wisdom teeth extracted

**Medical History**
Bad reaction to local anaesthetic once only
Task 7 Model Letter: Maggie Ross

20 February 2008

Dr.Jeff Kho
7 Alice Street
City, 4500

Dear Dr.Kho,
Re: Maggie Ross
DOB: 17/09/77

Thank you for seeing Mrs.Maggie Ross.

Mrs. Ross presented at my surgery today complaining of gaps between the upper front teeth and a yellowish discolouration on her teeth. She is employed as a TV journalist and is worried about the appearance of her teeth.
Examination reveals that all her teeth are present except for the third molars. In addition, there are composite restorations on several teeth. Scaling and cleaning has been done and radiographs have been taken and are enclosed with letter.

Please note that the patient has a history of severe reaction to local anaesthesia and there is a family history of diabetes.

I would be very grateful if you could examine, diagnose and treat either with crown or veneers in order to close the gaps between the upper front teeth, as you feel appropriate.

Please note, the patient requests urgent treatment due to her work in the media industry.

Yours sincerely,

Dr.X

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**Task 8 Case Notes: Sheila Macbeth**

Read the case notes below and complete the writing task which follows:

*Time allowed: 40 minutes*

Assume today's date is 15/03/10

**Patient History**

Sheila Macbeth  
36 Barrington St  
Tarragindi, 4121  
DOB 11/03/1936  
Phone (07) 3861 4723

**Reason for Presenting**

Has recently undergone a sleep study - obstructive sleep apnoea diagnosed.
Advised to lose weight and consult dentist about a mouth guard to control snoring.
Wants full information on how mouth guard works, the cost and its effectiveness.

Dental History

Patient at this practice for 35 yrs.
Regular 6 month check-up, scale and clean
Dental hygiene very good
Amalgam fillings
Adverse to needles - generally refuses to consider
Good diet
Likes to be well informed - requires full explanation before any procedure is undertaken
Age pensioner – cost is of concern

Medical History

GP Dr Roslyn Andrews (07) 4568 2487
Hypothyroidism
High blood pressure
Medications: Thyroxine 150 mcg daily, Karvea 150mg daily
February 2010 diagnosed with obstructive sleep apnoea

Family History

Widow
4 adult children
Lives alone

Examination

15/03/2010
All teeth present
Amalgams fillings 16, 35, 36, 37, 46, 47
Gums in good condition
Provided basic information on how mouth guard works and success rate claimed
Advised necessity of a professionally manufactured and fitted mouth guard – not obtained from shop.

Recommendation

Referral to Anti Snore Dental Prosthetist Centre for consultation in relation to polyethylene anti snore mouth guard

Writing Task

Write a referral letter to Dr Sue Kwang, Dental Prosthetist, Anti Snore Dental Prosthetist Centre, 727 Ipswich Rd, Annerley requesting assistance and advice for Mrs Macbeth.

In your answer:
- Expand the relevant case notes into complete sentences.
Task 8 Model Letter: Sheila Macbeth

15/03/10

Dr. Sue Kwang
Dental Prosthetist
Anti Snore Dental Prosthetist Centre
727 Ipswich Rd, Annerley

Re: Sheila Macbeth
DOB 11/03/1936

Dear Dr. Kwang

Thank you for seeing Mrs. Macbeth, a 74-year-old widow who has recently undergone a sleep study and was diagnosed with obstructive sleep apnoea in February 2010.

Mrs. Macbeth has hypothyroidism and a high blood pressure. She regularly takes Thyroxine 150mg and Karvea 150mg daily. Her doctor has advised her to reduce weight and referred her to our clinic for assessment regarding the possibility of a mouthguard to control her snoring.

Her dental history shows that she has regular dental check ups with scaling and cleaning twice a year. In addition, her oral hygiene is very good although amalgam fillings have been done.

Today’s examination revealed no missing teeth in her oral cavity and most of the molars were filled with amalgam. In addition, her gums are in good condition. I have already explained to her about the mouth guard and how it works and the success rate after using it. I also advised her that a professionally manufactured and fitted mouthguard is the most suitable for her.

Could you please examine Mrs. Macbeth as you feel appropriate. I would like you to note that she is a pensioner and is very concerned about the procedure and cost.

Yours sincerely

Dr. Dentist
Read the case notes below and complete the writing test which follows:

Time allowed: 40 minutes

Patient History

Bernard Miller
1 Barmore Street
Holland Park 4122
DOB 31/12/1960
Mob Ph 412 784 215

Reason for Presenting

Car accident- Fractured front teeth

Dental History

Regular Attendee
Good oral hygiene – 6/12 scale and clean
Fillings 26, 46, 47
No extractions
X-rays

Medical History

GP Dr John Ackers Ph 3749 2487
Hypertension
Asthma
Medication: Noten 4mg daily, Ventolin Inhaler PRN
Allergy: Sulphur Drugs

Family History

Married - Wife Sally - 3 children
Accountant
Private Health and Dental Cover

Initial Examination

20/10/2009
Horizontal fracture 1.1, 2.1, 2.2
Trauma to lip and Alvelous

Treatment Record
Using the information in the case notes, write a letter of referral to oral surgeon, Cheyne Bartholemew, 128 George Street, Brisbane, 4001 requesting placement of implants 1.1, 2.1, 2.2. Include in your letter a detailed summary of patient history and recent treatment.

In your answer:
- Expand the relevant case notes into complete sentences.
- Do not use note form.
- The body of the letter should not be more than 200 words.

Use correct letter format

**Model Letter: Bernard Miller**

21/04/10

Dr. Cheyne Bartholemew
128 George Street
Brisbane, 4001

Re: Mr. Bernard Miller
DOB 31/12/1960

Dear Dr. Bartholemew,

Thank you for seeing Mr. Miller, a 50-year-old married accountant who came to my clinic with a complaint of fractured front teeth due to a car accident.

Mr. Miller is a regular attender to the dental clinic with scaling and cleaning done on a yearly basis. In addition, he has amalgam fillings on some molars. Apart from this, he has no experience in extractions.

His medical history revealed that he has high blood pressure and asthma for which he takes Noten 4mg daily and uses a ventolin inhaler when necessary. I would like you to note that he is allergic to sulphur drugs. He also has private health and dental cover.

Initial examination on 20/4/2010 showed that there were horizontal fractures of the upper left and right central incisors and upper left lateral incisors. Lip and alveolus were also injured. I took periapical radiograph and impression was taken for partial immediate denture. Extractions of these three teeth were done on the following day and the immediate upper denture was fitted.
The patient has requested implants be done for these teeth. Therefore, could you please examine and treat him as you feel appropriate.

Yours sincerely,
Dr. Dentist

190 words
Medical History

Heart palpitations diagnosed 9/2007
Medications: Noten 4mg daily (1/2 tablet am and pm)
Zocor 10 mg daily to lower cholesterol
BP normal range
GP Dr Lionel Murray - Phone (07) 3864 2790

Family History

Married, 3 children
Primary School teacher – retiring end 2010
Has medical and dental insurance

Examination

10/02/2010
For regular check-up
No fillings required
Did not want scale and clean - complaining of sore gums
Advised by pharmacist to try Oral B mouth wash
Helped initially but gums have flared up again recently

Treatment

Suggest using Biotene Dry Mouth Toothpaste and Mouth Wash. Avoid spicy foods.
Review in 2 weeks if no improvement

24/02/2010
No improvement. Ulcerated lesion on inside left cheek and side of tongue, gums inflamed. Shiny red raised patches inside both cheeks and top of tongue. Difficulty eating – manages on bland soft food – soups and purees

Writing Task

Write a referral letter to oral pathologist, Dr Donald Harrison, 123 Queen St, Brisbane 4001 requesting further investigation to confirm/identify problem and advice on future treatment.

In your answer:
- Expand the relevant case notes into complete sentences.
- Do not use note form.
- The body of the letter should not be more than 200 words.

Use correct letter format.

Model Letter: Christina Hollis

24/02/10

Dr. Donald Harrison
123 Queen St
Brisbane, 4001
Re: Christina Hollis  
DOB 20/03/1950  

Dear Dr. Harrison,

Thank you very much for seeing Mrs. Hollis, a 60-year-old married patient who I suspect is suffering from oral lichen planus.

Mrs. Hollis has been a patient of mine for 10 years and she has regular dental checks up at yearly intervals. Her history includes complaints of dry mouth, as well as bleeding, irritated and sensitive gums.

On 10/02/2010, she presented complaining of painful and swollen gums. I prescribed her biotene dry mouth toothpaste and mouthwash and advised avoidance of spicy foods. Two weeks later there was still no improvement in her condition. There were inflamed ulcerations inside her left cheek and side of tongue and gums. In addition, shiny red raised patches inside both cheeks and top of tongue were evident. She has experienced difficulty in eating and her current diet is restricted to soups and purees.

Regarding her medical history, she was diagnosed with palpitations of heart in 2007 for which she takes Noten 4mg in the morning and night and Zocor 10 mg daily to lower her cholesterol level. Apart from this, her blood pressure is within the normal range.

I would be grateful if you could assess the patient's condition and treat her as you feel appropriate.

Yours sincerely,

Dr. Dentist

202 words
Dear Mr Smith,

Mrs Collins presented on May 25 requesting replacement of her partial dentures. She informed of a history of carcinoma and the partial resection of the tongue. On examination white spots were seen on the left side of the partially resected tongue. Mrs Collins does not have a recall appointment with you for quite some time and I am concerned about the appearance of the tongue.

Please could you examine, diagnose, advise and treat as you think appropriate. I will delay further appointments for the partial dentures until I hear from you.

With kind regards,

Yours sincerely,

Ivan Dentist

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SAMPLE ANSWER: LETTER OF REFERRAL

WRITING TEST: DENTISTS

Dr. William Closeit
688 Elizabeth St.
Melbourne

Re: Mr. Michael Roth
20 Hamilton St
Middle Park

21.12.1990

Dear Dr. Closeit,

Mr. Roth had the upper left first and second molars removed on 6.12.90. The extractions were simple and the teeth were loose, due to the poor gum condition around these teeth.

There now appears to be an oro-antral communication at the extraction site. I have taken a radiograph which confirms this.

Please note that Mr. Roth is H.I.V. positive. He informed me of this on 10.05.1990. During the last 2 years Mr. Roth has frequently appeared with chronic gum infections _ in particular Vincents
disease. His general dental condition has dramatically deteriorated in the last 2 years and I do not think that Mr. Roth is interested in his teeth any more. Could you please correct the oro-antral fissure to make the patient more comfortable. I have enclosed a radiograph taken on 20.12.1990. May I further remind you of the H.I.V. status of this patient.

Yours sincerely

I. Pluggit (Dentist)

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**SAMPLE ANSWER: LETTER OF REFERRAL**

**WRITING TEST: DENTISTS**

Dr Miranda O'Connell
100 Collins St
Melbourne

18/8/93

Dear Dr O'Connell,

Re: Mr Martin Moran
2 Hamilton Lane
Daylesford
D.O.B.: 18/11/51

Mr Moran requires a fixed bridge for the lower right quadrant. He had 44 and 46 removed some time ago, and has since experienced difficulty chewing on the right side. More recently, he has been suffering some discomfort over the right temporo-mandibular joint. This may be due to changes in his occlusion since the extractions 2 years ago. (16 has now been rendered non-functional).

On initial presentation 3 years ago, he had poor oral hygiene, and many carious lesions. He has undergone extensive treatment and now achieved dental fitness.
We would be most grateful if you could provide a fixed bridge, including the abutment teeth 43, 45, 47. Please note that 45 has had root canal therapy (02/04/92), and will require a cast post + core preparation. Recent follow-up radiological examination has revealed no abnormalities and good levels of bone support for all abutment teeth.

Please note that Martin is Hep C positive and was an I.V. drug user in the late 70's. He is known to be Hep B negative, but has had nothing to report regarding HIV status.

Yours sincerely,

Dr Dentist