

WRITING SUB-TEST – TEST BOOKLET**INSTRUCTIONS TO CANDIDATES**

You must write your answer for the Writing sub-test in the **Writing Answer Booklet**.

You must **NOT** remove OET material from the test room.

Occupational English Test

WRITING SUB-TEST: DENTISTRY

TIME ALLOWED: READING TIME: 5 MINUTES

WRITING TIME: 40 MINUTES

Read the case notes and complete the writing task which follows.

Notes:

You are a dentist in a private practice. A regular patient of yours, Ms Taylor Hawking, requests referral to an orthodontist.

Patient: Ms Taylor Hawking (DOB: 24.03.99)

Reason for Presenting:

Dissatisfied with appearance

Rotation of 13 and 23

Left drifting of lower midline

Medical History: Allergic to penicillin, allergic to peanuts, asthma

Current Medication:

Ventolin inhaler p.r.n.

Carries EpiPen

Family and Social History:

University student

Lives at home with parents, 2 siblings

Examination: All teeth present in both arches

DI composite 23

MO amalgams 16, 17

Occ amalgam 25

Treatment Record:

31.03.16 Exam: L & R bite-wing (BW) radiographs & OPG. Digital photographs.
Occlusal caries detected on BW 26, 27, 36, 37, 46 & 47. Calculus lower anterior teeth.
Treatment required: restoration of teeth 26, 27, 36, 37, 46 & 47 and prophylaxis.
Appointments scheduled.

08.04.16 LA right mandibular block lignocaine with adrenaline 2%
2ml. 47 Occ and 46 Occ very deep caries. Fuji VII base & composite Heliomolar shade A3.

15.04.16 LA left mandibular block lignocaine
2% with adrenaline 2.2 ml. 36 Occ and 37 Occ deep cavities. Fuji VII base & composite
Heliomolar shade A3.

22.04.16 LA buccal infiltration lignocaine 2% with adrenaline 2.2 ml. 26 Occ and 27 Occ cavity within enamel
bonded composite A3 & scale with ultrasonic and hand scalers lower ant teeth.

09.12.16 Exam: no obvious caries Soft tissue exam OK. Minimal recession. Small amount lower
lingual anterior calculus.
Treatment: scale, clean, floss & polish.

- 05.07.17** Exam: no obvious decay. Soft tissue exam OK. Minimal recession. Small amount lower lingual anterior calculus.
Treatment: scale & clean, floss & polish.
- 27.07.17** Emergency exam: 38, erupting pericoronitis.
Irrigate hydrogen peroxide.
Refer for OPG.
Prescribed Erythromycin 250mg q.i.d. and Metronidazole tab 200mg t.i.d.
Chlorhexidine mouth wash (antibacterial mouthwash). Review condition in 2 weeks. Reassess status of wisdom teeth as to whether they require extraction.
- 09.08.17** Reviewed 38, pericoronitis resolved. Arrange convenient time to have wisdom teeth extracted.
- 01.05.18** Recall examination.
No obvious caries. Wisdom teeth settled no further problems.
Soft tissue exam OK.
Minimal recession detected. Calculus lower lingual anterior.
Treatment: oral hygiene instruction and showed how to effectively use floss. Scale, (ultra sonic and hand), floss and prophylaxis.
- 10.02.19** Recall examination.
Patient concerned about “ugly appearance” of smile.
O/E: teeth 13 and 23 rotated. Crowding: upper - severe (9mm), lower - moderate (6mm).
Lower midline displaced to left 5mm.
Refer for OPG.
Treatment: refer to orthodontic assessment before definitive treatment (inc. fixed appliance therapy).
To write referral letter to orthodontist. Patient to take OPG.

Writing Task:

Using the information given in the case notes, write a letter of referral to the orthodontist, Dr Peter Rosenberg, 48 Crown Avenue, Stillwater.

In your answer:

- **Expand the relevant notes into complete sentences**
- **Do not use note form**
- **Use letter format**

The body of the letter should be approximately 180–200 words.

Any answers recorded here will not be marked.

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Occupational English Test

WRITING SUB-TEST: DENTISTRY SAMPLE RESPONSE: LETTER OF REFERRAL

10 February 2019

Dr Peter Rosenberg
Orthodontist
48 Crown Avenue
Stillwater

Dear Dr Rosenberg,

Re: Ms Taylor Hawking, DOB 24/03/99.

Thank you for seeing Ms Taylor Hawking who is concerned about the “ugly appearance” of her smile. She would like to discuss treatment options with you, including the possibility of fixed appliance therapy.

Ms Hawking has all teeth present in both arches. She has severe crowding of the upper arch (9 mm), and the rotated upper canine teeth are of particular concern. Her lower arch has crowding of 6 mm, and the lower midline is displaced 5mm to the left.

Her dental history is unremarkable, except that 38, when erupting, had pericoronitis and required emergency treatment with antibiotic therapy and antibacterial mouthwash on 27/07/17. Her wisdom teeth have now settled with no further problems.

Ms Hawking has allergies to penicillin and peanuts, for which she carries an EpiPen. She is also asthmatic, which is controlled with Ventolin inhaler as required.

I would be most grateful if you could assess Ms Hawking before any definitive treatment decisions are made. I am referring the patient for an OPG, which she will bring to her appointment with you.

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

Yours sincerely,

Dentist