OET writing samples: dentistry, with answers

2 original practice cases with case notes and a model letter. Allow 5 minutes to read and 40 minutes to write, then compare. A model shows one good way to answer. It is not an official OET sample or a marking guide, and all patients are fictional.

Sample 1: Referral letter

Orthodontic assessment for increased overjet

Assume that today's date is 22 October 2026. Felicity attended for review with her mother last week. You are Dr Victoria Greenhalgh, a general dental practitioner. Felicity Pickering has been a patient at your practice for several years. Using the information in the case notes, write a letter of referral to Dr Omar Mansour, Specialist Orthodontist, requesting assessment and treatment planning for Felicity. Address the letter to Dr Omar Mansour, Specialist Orthodontist, Specialist Orthodontic Practice, Suite 4, 210 Harbour Road. 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.

Patient details

- Name: Miss Felicity Pickering
- DOB: 03/05/2014 (12 yrs)
- Address: 14 Elm Street
- Pt of practice since 2018; attends 6/12 recalls regularly

Social background

- Lives with mother; mother attends all appts
- Plays hockey (school team) and netball weekly
- Enjoys horse riding at weekends
- Parents separated 2023; father lives interstate — mother asked that this not be discussed
- F self-conscious about 'sticking-out' front teeth; some teasing at school
- Mother complained that receptionist was rude about rescheduling appt

Medical history

- Mild asthma — daily low-dose ICS preventer + salbutamol inhaler PRN (managed by GP); no hospital admissions
- Allergies: NKDA
- Tonsillectomy age 6
- Thumb-sucking until age 7; ceased

Dental history

- Caries-free; fissure sealants 16, 26, 36, 46 (2022)
- OH good — brushes BD with fluoride toothpaste; minimal plaque; gingivae healthy
- Elder brother had ortho Tx at another practice — mother 'very unhappy' with result
- 18/09/26: struck by hockey ball → enamel-dentine fracture 21 (mesio-incisal)
- Composite restoration 21 same day; no mobility or displacement; sensibility tests +ve; PA radiograph NAD
- Review 16/10/26: 21 asymptomatic; cold test +ve

Clinical examination (16/10/26)

- Early permanent dentition; 17, 27 erupting
- Class II div 1 incisor relationship; overjet 9 mm
- Lips incompetent at rest; upper central incisors proclined
- Molars Class II bilaterally
- Overbite ↑, complete; no palatal impingement
- Mild crowding lower labial segment; centrelines coincident
- No crossbites; no TMJ symptoms

- Convex profile; retrusive mandible

Investigations

- OPG 16/10/26: all permanent teeth present incl. developing third molars; no pathology; no ectopic teeth
- Intra- and extra-oral photographs taken — copies (with OPG) to send to orthodontist

Discussion

- Explained ↑ risk of incisor trauma with large overjet; mouthguard advised for all contact sport
- Custom mouthguard fitted 02/10/26 — wears for hockey; reluctant to wear for netball
- F and mother very motivated; understand Tx may involve appliances and long-term retention
- Mother asked about costs and payment plans

Plan

- Refer to specialist orthodontist for assessment and Tx planning
- Trauma reviews 21 (separate from routine recalls): 6–8/52 post-injury (by 13/11/26) and 1 yr (09/27) — clinical exam, sensibility tests, PA radiograph. Continue routine 6/12 recalls with GDP; OH and fluoride reinforcement

Model letter: sample 1

22 October 2026

Dr Omar Mansour
Specialist Orthodontist
Specialist Orthodontic Practice
Suite 4, 210 Harbour Road

Dear Dr Mansour,

Re: Miss Felicity Pickering, DOB 03/05/2014

I am writing to refer Felicity, a 12-year-old patient here since 2018, for assessment and treatment planning of her increased overjet.

On examination on 16 October 2026, she had an early permanent dentition. She has a Class II division 1 incisor relationship with an overjet of 9 mm, incompetent lips at rest and proclined upper central incisors. Her molars are Class II bilaterally, and her overbite is increased and complete. She has mild lower labial crowding and no crossbites. Her profile is convex with a retrusive mandible. An OPG shows all permanent teeth present, including developing third molars, with no pathology.

On 18 September 2026, a hockey ball fractured the mesio-incisal enamel and dentine of tooth 21. I restored it with composite the same day, and it was asymptomatic with a positive cold test on 16 October. Because of her large overjet, I advised a mouthguard for all contact sport. A custom mouthguard was fitted on 2 October 2026, which she wears for hockey but not netball.

Felicity and her mother are very motivated and understand that treatment may involve appliances and long-term retention. I am sending her photographs and OPG with this letter.

Yours sincerely,
Dr Victoria Greenhalgh
General Dental Practitioner

Why this letter works

Kept: The opening states the referral and its purpose, and the findings that matter to an orthodontist (occlusion, OPG, trauma to tooth 21, mouthguard use and motivation) follow.

Left out: Her asthma, the sporting and horse riding details, the family circumstances, her mother's complaint about reception, her brother's treatment, the fissure sealants and the question of costs do not affect the orthodontic assessment.

Sample 2: Update letter

Update to the regular dentist: periodontal abscess drained in a patient with poorly controlled type 2 diabetes

Assume that today's date is 12 November 2026. Mr Celik was seen as an emergency at your clinic this morning. You are a dentist at a public emergency dental clinic. Mr Celik is temporarily working in your area. Using the information in the case notes, write a letter to his regular dentist, Dr Lindiwe Khoury, updating her on today's emergency treatment and requesting a full periodontal assessment and ongoing management. Address the letter to Dr Lindiwe Khoury, General Dental Practitioner, Family Dental Practice, 22 Market Street. 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.

Patient details

- Name: Mr Emre Celik
- DOB: 03/05/1979 (47 yrs)
- Home address: 8 Elm Grove
- Seen: 12/11/26, walk-in emergency appt

Social background

- Electrician; working away from home on 6/52 contract → returns home 20/11/26
- Smoker 15/day × 25 yrs
- Enjoys fishing at weekends
- States regular dentist 'charges too much' — reason for missing recalls
- Last dental visit approx. 2 yrs ago

Medical history

- Type 2 diabetes dx 2019; poorly controlled — HbA1c 9.6% (GP, 08/26)
- Meds: metformin 1 g BD, gliclazide MR mane
- Hypertension — ramipril daily
- Appendicectomy 2004
- Allergies: NKDA

Presenting complaint

- 3/7 ↑ pain & swelling lower R posterior; bad taste
- Feverish, unwell since yesterday; eating ↓
- Complained to reception about 2 hr wait

Examination

- T 38.1°C; R submandibular lymph nodes enlarged, tender
- No trismus; swallowing & breathing normal; no spreading facial swelling
- Localised fluctuant swelling buccal gingiva 46; pus on probing
- 46: PD 8 mm distobuccal; mobility grade I; normal response to cold (vital); no caries
- Generalised plaque & subgingival calculus; widespread BOP; PD 5–7 mm at several posterior sites
- PA radiograph 46: vertical bone loss distal root (approx. ½ root length); no periapical radiolucency
- Random BGL 13.8 mmol/L (own meter)
- Crown 36 (placed by regular dentist 2023) intact

Treatment

- Dx: periodontal abscess 46 with systemic signs
- LA; drained via pocket; gentle debridement & irrigation of 46 pocket
- Amoxicillin 500 mg TDS 5/7 (systemic involvement)
- Chlorhexidine 0.2% mouthrinse BD 1/52; paracetamol PRN; warm salt-water rinses
- OHI given; smoking cessation advised — Quitline info provided

Plan

- Advised: seek urgent medical care if swelling spreads, difficulty swallowing/breathing or ↑ fever

• Review here 15/11 (before return home)
• Advised to see GP re diabetes control
• Letter to regular dentist: full periodontal assessment, non-surgical periodontal therapy, assess prognosis 46, regular recalls

Model letter: sample 2

12 November 2026

Dr Lindiwe Khoury
General Dental Practitioner
Family Dental Practice
22 Market Street

Dear Dr Khoury,

Re: Mr Emre Celik, DOB 03/05/1979

I am writing to update you on Mr Celik's emergency treatment today and to request a full periodontal assessment and ongoing management. He is working temporarily here and returns home on 20 November 2026.

He presented with three days of lower right posterior pain and swelling and feverishness since yesterday. His temperature was 38.1°C, and his right submandibular lymph nodes were tender and enlarged. Tooth 46 had a localised fluctuant swelling with pus on probing, an 8 mm distobuccal probing depth and grade I mobility. A radiograph showed vertical bone loss at the distal root of about half the root length. He also has generalised plaque and calculus, widespread bleeding on probing and probing depths of 5–7 mm at several posterior sites.

I diagnosed a periodontal abscess of tooth 46 with systemic signs and drained it. I prescribed amoxicillin 500 mg three times daily for five days and chlorhexidine 0.2% mouthrinse twice daily for one week. His type 2 diabetes is poorly controlled, with an HbA1c of 9.6%, and he smokes 15 cigarettes daily. I will review him on 15 November.

Please perform a full periodontal assessment, provide non-surgical therapy, assess the prognosis of tooth 46 and arrange regular recalls.

Yours sincerely,
Dentist
Public Emergency Dental Clinic

Why this letter works

Kept: Dr Khoury needs the purpose and the request first, then the findings, treatment and medical risk factors that bear on the periodontal care she will provide.

Left out: His occupation and fishing, the comment about her fees, his wait at reception, his other medications, the appendicectomy, the crown on tooth 36 and his last dental visit were left out as they do not guide periodontal management.