OET writing samples: optometry, 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

Routine referral for cataract assessment

Assume that today's date is 22 October 2026. You examined Mr Lockyer this morning. You are an optometrist in private practice. Using the information in the case notes, write a letter of referral to Dr Nomsa Aitken, Consultant Ophthalmologist, requesting assessment of Mr Lockyer for cataract surgery. Address the letter to Dr Nomsa Aitken, Consultant Ophthalmologist, Eye Surgery Clinic, 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 Dean Lockyer
- DOB: 14/03/1963 (63 yrs)
- Address: 8 Banksia Lane
- Last eye exam 2 yrs ago: BCVA R 6/6, L 6/9

Social background

- Self-employed carpenter; fine measuring work, uses power tools daily
- Drives work van daily; now avoids night driving due to glare from headlights
- Lives with wife; she can drive him to appointments
- Enjoys fishing on weekends
- Wife says he 'should have retired years ago and is too stubborn to stop'

Medical history

- BPH: tamsulosin 400 microg daily (3 yrs)
- Type 2 diabetes: metformin 500 mg BD; well controlled per GP
- Hypertension: amlodipine 5 mg daily
- Allergies: nil known
- # R wrist 2019, fully healed
- Metal foreign body R cornea removed 2015; no sequelae, cornea clear

Presenting complaint

- Gradual ↓ vision L eye over 12/12
- Glare in bright sunlight and from oncoming headlights; difficulty reading tape measure at work
- Has turned down 2 jobs in past 3/12 because of vision

Examination (22/10/26)

- BCVA R 6/6, L 6/24; no improvement with pinhole L
- Refraction: L myopic shift (approx. −1.50 D since last exam); R stable
- Slit lamp: L dense nuclear cataract; R mild nuclear sclerosis
- IOP R 15, L 16 mmHg; anterior chambers deep
- Pupils equal and reactive, no RAPD; both pupils dilated poorly with tropicamide
- Fundus: R normal, no diabetic retinopathy; L view hazy, no retinopathy seen, macula not clearly visualised
- Binocular VA meets private driving standard; advised to avoid driving at night
- Pt complained previous optometrist 'never noticed anything was wrong'

Plan

- Pt keen for surgery; aware risks and benefits will be discussed by ophthalmologist
- Refer to ophthalmologist: routine assessment for L cataract surgery
- New spectacles not prescribed — limited benefit for L eye

- Has private health insurance
- Copy of letter to GP
- Review R eye in 12/12 or sooner if vision changes

Model letter: sample 1

22 October 2026

Dr Nomsa Aitken
Consultant Ophthalmologist
Eye Surgery Clinic
22 Market Street

Dear Dr Aitken,

Re: Mr Dean Lockyer, DOB 14/03/1963

I am writing to refer Mr Lockyer, a 63-year-old carpenter, for routine assessment for left cataract surgery. He is keen to proceed and has private health insurance.

He reports gradual left vision loss over 12 months, with glare and difficulty reading a tape measure. He has turned down two jobs in the past three months and now avoids driving at night.

Two years ago his best corrected visual acuity was 6/6 on the right and 6/9 on the left. Today it is 6/6 and 6/24, with no pinhole improvement on the left. Refraction shows a left myopic shift of approximately −1.50 D, while the right is stable. Slit lamp examination shows a dense nuclear cataract on the left and mild nuclear sclerosis on the right. Intraocular pressures are 15 and 16 mmHg. Both pupils dilated poorly with tropicamide, so the left fundus view was hazy, with no retinopathy seen and the macula not clearly visualised. The right fundus is normal.

He takes tamsulosin 400 microg daily and has type 2 diabetes and hypertension. I have not prescribed spectacles, and I will review his right eye in 12 months. His GP will receive a copy.

Yours sincerely,
Optometrist
Private Practice

Why this letter works

Kept: The opening states the request and his readiness for surgery, then the functional effect, the change in acuity and the findings a surgeon needs to judge the left cataract.

Left out: His fishing, his wife's comment about retirement, the old wrist fracture and corneal foreign body, his earlier optometrist complaint and the metformin and amlodipine doses do not alter the surgical assessment.

Sample 2: Update letter

Diabetic eye check: early retinopathy found

Assume that today's date is 22 October 2026. You have just completed Mrs Bhatia's annual diabetic eye examination. You are an optometrist in a community optometry practice. Using the information in the case notes, write a letter to Mrs Bhatia's GP, Dr Suresh Trivedi, to update him on the findings of today's examination and your recommendations. Address the letter to Dr Suresh Trivedi, General Practitioner, 45 King 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: Mrs Orla Bhatia
- DOB: 14/03/1977 (49 yrs)
- Address: 8 Elm Avenue
- GP: Dr Suresh Trivedi; attends practice yearly for diabetic eye exam

Social background

- School administrator, full-time; long hours, irregular meals
- Married, 2 teenage children
- Enjoys gardening and sings in local choir
- Says husband 'keeps nagging her about sweets' and they argue about it

Medical history

- T2DM dx 2019 — metformin
- Hypertension — perindopril
- Hypothyroidism — thyroxine, stable
- Appendicectomy 1995
- Allergies: NKDA

Ocular history

- Last exam 10/2025: no diabetic retinopathy; mild myopia, glasses for distance
- Wore soft contact lenses in her 20s; now glasses only
- Father had cataract surgery aged 70

History today

- Occasional blurred distance vision, varies day to day, past 2/12
- Reports home BGLs often 'in the teens'; admits control poor; missed last 2 GP appts
- Unsure of latest HbA1c result
- Pt critical of GP clinic: 'impossible to ever get an appointment there'
- Complained about cost of new frames last year

Examination

- VA with current specs: R 6/6, L 6/6
- Refraction: small myopic shift both eyes since 10/25 — not prescribed (likely due to fluctuating BGLs)
- IOP within normal limits both eyes; anterior eyes healthy
- Dilated fundus: scattered microaneurysms only both eyes; no retinal haemorrhages
- OCT macula: no oedema; no maculopathy either eye
- Retinal photos taken — copy available for GP

Assessment

- Mild non-proliferative diabetic retinopathy (NPDR) both eyes, no maculopathy — new since last exam
- Blurred vision likely fluctuating refraction from hyperglycaemia, not retinopathy

Plan

- Findings explained; advised good BGL + BP control ↓ risk of progression
- Advised to report promptly any sudden ↓ vision, new floaters or distortion

- Recall 12/12 for dilated exam + OCT; earlier if symptoms
- Recommend GP review of glycaemic and BP management
- Re-check refraction once BGLs stable; new specs then if needed
- Pt intends to book GP appt this week

Model letter: sample 2

22 October 2026

Dr Suresh Trivedi
General Practitioner
45 King Street

Dear Dr Trivedi,

Re: Mrs Orla Bhatia, DOB 14/03/1977

I am writing to update you on Mrs Bhatia's diabetic eye examination today, which showed new mild non-proliferative diabetic retinopathy in both eyes, and to recommend a review of her glycaemic and blood pressure management.

Her last examination in October 2025 showed no retinopathy. Dilated fundus examination today shows scattered microaneurysms only, with no retinal haemorrhages, and OCT shows no macular oedema or maculopathy in either eye. Visual acuity with her spectacles is 6/6 in each eye. A copy of her retinal photographs is available for you.

She has had occasional blurred distance vision for two months, which varies from day to day. This is likely to be fluctuating refraction from hyperglycaemia rather than retinopathy, so I have not prescribed new spectacles. Her home blood glucose readings are often in the teens, and she admits that her control is poor. She is unsure of her latest HbA1c and has missed her last two appointments with you.

I advised her to report any sudden loss of vision, new floaters or distortion promptly. I will review her in 12 months, or sooner if symptoms develop. She intends to book an appointment with you this week.

Yours sincerely,
Optometrist
Community Optometry Practice

Why this letter works

Kept: Dr Trivedi needs the new diagnosis and the recommendation up front, then the findings and the explanation for her blurred vision that bear on her diabetes care.

Left out: Her job, her marriage, the family and hobbies, her thyroid and other medications, the appendicectomy, her comments about clinic access and frame costs and her contact lens history are not relevant to the GP.