# OET writing samples: radiography, 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: Reply to a parent

**Response to a mother's concern about radiation from repeated X-rays after her son's forearm fracture**

Assume that today's date is 23 October 2026. You received Ms Perera's letter on 19 October 2026. You are Joanne Ashby, a senior radiographer in the Medical Imaging Department. Using the information in the case notes, write a letter to Ms Jing Perera, the mother of your patient Benedict Herath, replying to her concern about the X-rays her son has had. Explain why each X-ray was needed, what the radiation dose means and how the dose is kept low. Address the letter to Ms Jing Perera, Unit 3, 27 Banksia Avenue. 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

- Patient: Benedict Herath, DOB 14/03/2020 (6 yrs)
- Mother: Ms Jing Perera, Unit 3, 27 Banksia Avenue
- Imaging requested by: ED doctors, then fracture clinic (orthopaedics)

### Mother's letter (received 19/10/26)

- Worried 4 X-rays in 2/12 may be harmful; asks if cancer risk ↑
- Asks whether all X-rays were really necessary
- Asks whether son should avoid future X-rays (e.g. at dentist)
- Says pt's father 'thinks hospitals over-test'; parents separated, disagree about pt's care
- Also complains hospital car park fees too high

### Social background

- Lives with mother and older sister (9 yrs)
- Year 1 student; plays junior soccer on weekends
- Mother works part-time as pharmacy assistant

### Medical history

- Mild asthma — salbutamol PRN
- Nil other significant hx; allergies: nil known
- Routine dental X-rays 2025

### Fracture and imaging

- 25/08/26 fell from trampoline → L distal forearm fracture (radius + ulna), displaced
- X-ray 1 (25/08, ED): confirmed fracture, showed bones out of position
- Fracture manipulated (straightened) under sedation in ED; above-elbow cast applied
- X-ray 2 (25/08, after manipulation): check bones in good position — satisfactory
- X-ray 3 (01/09, 1/52): check position maintained in cast — manipulated fractures can slip in first wks; satisfactory
- X-ray 4 (06/10, 6/52): confirm sufficient healing for cast removal — healed well; gentle everyday activities permitted, return to sport according to fracture-clinic advice
- Each exam: 2 views of forearm only; no images had to be repeated
- X-ray 3 taken by student radiographer under direct supervision
- Pt upset during X-ray 3; settled with sticker

### Radiation dose

- Forearm X-ray uses a very low radiation dose; actual dose varies with child size and imaging technique. No measured individual dose or fixed background-radiation-day comparison is available.

- Forearm far from radiation-sensitive organs → risk to pt extremely small; benefit of each X-ray far outweighs risk
- Children more sensitive to radiation than adults → extra care always taken

**Dose reduction**

- Each X-ray requested by doctor only when result would guide treatment
- Child-specific low exposure settings; X-ray beam limited to forearm only; modern digital equipment

**Plan**

- Fracture clinic: no further X-rays planned unless new symptoms
- Future X-rays (incl. dental) should not be avoided if recommended by doctor/dentist — benefit > risk
- Final fracture clinic review 03/11/26
- Offer phone discussion — Medical Imaging reception, Mon–Fri 8 am–5 pm

## Model letter: sample 1

23 October 2026

Ms Jing Perera
Unit 3
27 Banksia Avenue

Dear Ms Perera,

**Re: Benedict Herath, DOB 14/03/2020**

Thank you for your letter of 19 October 2026 about Benedict's X-rays. I will explain why each was needed, what the radiation dose means and how we keep it low.

Benedict broke both bones of his left forearm on 25 August 2026. The first X-ray, that day, confirmed the break and showed the bones out of position. The second, after the doctors straightened them, checked that they were in a good position. The third, on 1 September, checked that the position had held in the cast, because straightened breaks can slip in the first weeks. The fourth, on 6 October, showed healing good enough for the cast to be removed. No images were repeated.

A forearm X-ray uses a very low radiation dose. The forearm is far from the organs most sensitive to radiation, so the risk to Benedict is extremely small, and each X-ray's benefit far outweighs it. Children are more sensitive, so we take extra care, using low child settings, limiting the beam to the forearm and using modern digital equipment. No further X-rays are planned unless new symptoms appear, and he should not avoid future X-rays, including dental ones, when a doctor or dentist recommends them.

Yours sincerely,
Joanne Ashby
Senior Radiographer, Medical Imaging Department

## Why this letter works

**Kept:** The reply starts by answering her letter and then takes her three questions in plain words: why each X-ray was needed, what the dose means and how it is kept low.

**Left out:** The parents' disagreement, the car park fees, the student radiographer, the sticker, his school and soccer, and his asthma are not needed to answer her worry about the X-rays.

## Sample 2: Information letter

### Information on a reaction to CT contrast

Assume that today's date is 22 October 2026. You received Dr Westerman's letter requesting information on 20 October 2026. You are a senior radiographer in the Medical Imaging Department of a public hospital. Dr Jodie Westerman, a general practitioner, has written asking for details of a reaction her patient, Mrs Mele Uddin, had during a contrast-enhanced CT scan last week. Using the information in the case notes, write a letter to Dr Westerman describing the reaction, the treatment given in the department and recommendations for any future imaging involving contrast. Address the letter to Dr Jodie Westerman, General Practitioner, Family Medical Practice, 12 Main 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 Mele Uddin
- DOB: 11/06/1979 (47 yrs)
- Referring GP: Dr Jodie Westerman
- Exam: CT abdomen/pelvis with IV contrast, 15/10/26, 10:40
- Indication: persistent R iliac fossa pain 3/52

**Social background**

- Lives with husband and 2 teenage children
- Primary school teacher
- Husband drove her to appt; complained to staff about cost of hospital parking
- Enjoys gardening; sings in community choir

**Medical history**

- Mild asthma: salbutamol PRN, last used 2/12 ago
- Seasonal hay fever
- Pre-scan screening: NKDA; reported allergy to prawns (hives)
- Contrast CT chest 2022 (another hospital): no reaction reported; agent unknown
- Laparoscopic cholecystectomy 2019
- eGFR > 90 (09/10/26)

**Reaction (15/10/26)**

- Contrast: iohexol (Omnipaque 350) IV via R antecubital cannula
- ~5 min post injection: itch, facial flushing, widespread urticaria (trunk, arms), bilateral eyelid swelling
- No wheeze, stridor, throat tightness or voice change; SpO2 98% RA; BP 128/80, HR 96
- Radiologist (Dr Nitin Wadhwa) attended; graded moderate allergic-like reaction
- Radiologist directed IV H1-antihistamine treatment; IV access maintained; monitored for progression; adrenaline not required because no respiratory or circulatory compromise developed
- Obs every 15 min during initial reaction: urticaria and eyelid swelling fully resolved by 12:15 (90 min after onset); continued monitored observation, no recurrence or new symptoms
- Radiologist reassessed: stable, symptom-free; D/C 16:30 with husband after more than 4 hrs further observation following resolution; advised to call 000 if breathing difficulty or lip/throat swelling
- Pt upset; told reception radiographer 'should have known' about her prawn allergy
- Images diagnostic; formal report sent to GP 15/10
- Reaction entered in hospital record and adverse event reporting system

**Follow-up**

- Phone call 16/10: rash fully resolved; no delayed reaction; no breathing problems
- GP letter 20/10: requests details of reaction, treatment, future contrast safety; pt asks if she must avoid seafood

**Recommendations**

- Record as allergic-like reaction to iohexol (iodinated contrast) in GP record/My Health Record

• All future imaging requests to state previous reaction + agent used
• Consider non-contrast alternatives (US, MRI) where clinically appropriate
• If iodinated contrast essential: radiologist review beforehand; different agent; perform at site with resuscitation facilities; premedication at radiologist discretion. Consider clinical immunology/allergy referral, particularly before elective repeat iodinated contrast
• No specific cross-reactivity between shellfish and iodinated contrast; this reaction requires no additional seafood restriction; existing prawn allergy still requires avoidance
• Hx asthma/atopy (incl. food allergy) → ↑ risk of further contrast reactions
• Pt given written contrast reaction card to carry
• Dr Wadhwa available to discuss if required

## Model letter: sample 2

22 October 2026

Dr Jodie Westerman
General Practitioner
Family Medical Practice
12 Main Street

Dear Dr Westerman,

**Re: Mrs Mele Uddin, DOB 11/06/1979**

Thank you for your letter of 20 October 2026. I am writing to describe the reaction Mrs Uddin had during her contrast CT of the abdomen and pelvis on 15 October 2026, the treatment given and our recommendations.

About five minutes after injection of iohexol (Omnipaque 350), she developed itch, facial flushing, widespread urticaria on the trunk and arms, and swelling of both eyelids. She had no wheeze, stridor or throat tightness, and her oxygen saturation was 98%. The radiologist, Dr Nitin Wadhwa, graded this as a moderate allergic-like reaction and directed intravenous antihistamine treatment. Adrenaline was not required. The symptoms had resolved by 12:15, and she was discharged at 16:30 without recurrence. On 16 October she reported no delayed reaction.

Please record an allergic-like reaction to iohexol in her record and My Health Record, and state it on all future imaging requests. Please consider non-contrast alternatives where appropriate. If iodinated contrast is essential, radiologist review beforehand, a different agent and a site with resuscitation facilities are advised. Her asthma and atopy increase her risk. Shellfish and iodinated contrast have no specific cross-reactivity, so no additional seafood restriction is needed, although she must still avoid prawns.

Yours sincerely,
Senior Radiographer
Medical Imaging Department

## Why this letter works

**Kept:** The three things the GP asked for, the reaction, the treatment and future advice, are announced in the opening and then given in that order, ending with the seafood answer the patient also wanted.

**Left out:** The parking complaint, her job and hobbies, family, hay fever, the cholecystectomy and her remark to reception are not needed for the GP's record or future contrast decisions.