

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.



Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

Patient details

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

Social background

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

Medical history

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

Dental history

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

Dental history

20. Review 16/10/26: 21 asymptomatic; cold test +ve

Clinical examination (16/10/26)

21. Early permanent dentition; 17, 27 erupting
22. Class II div 1 incisor relationship; overjet 9 mm
23. Lips incompetent at rest; upper central incisors proclined
24. Molars Class II bilaterally
25. Overbite ↑, complete; no palatal impingement
26. Mild crowding lower labial segment; centrelines coincident
27. No crossbites; no TMJ symptoms
28. Convex profile; retrusive mandible

Investigations

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

Discussion

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

Plan

35. Refer to specialist orthodontist for assessment and Tx planning
36. 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