

## Dentistry — Referral to an Endodontist for Root Canal Re-treatment

### THE CASE NOTES

**Patient:** Mrs Jennifer Donaldson, 45 years old; medically fit; no relevant medical history

**Tooth:** Upper left first molar (26); strategic tooth (heavily restored, no opposing missing tooth)

**Presentation:** Spontaneous dull aching pain for 3 weeks; pain on biting; tenderness to percussion; no sinus tract; no swelling

**Radiographic findings:** Periapical lucency at mesiobuccal root; existing root filling appears short of the apex in the mesiobuccal canal; widened PDL space

**Previous treatment:** Root canal treatment performed 4 years ago at another practice; existing crown — intact, structurally sound

**Reason for referral:** Re-treatment required — periapical pathology persists; mesiobuccal canal likely undertreated; case beyond routine GDP scope given prior treatment and anatomy

**Preferred management:** Assess for feasibility of re-treatment (crown removal vs access through crown); if re-treatment not feasible, surgical endodontics as alternative

**Task:** Write a referral letter to the endodontist, Dr Claire Moore, with all relevant clinical and radiographic information to allow her to plan treatment.

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### WHAT TO INCLUDE

**+ The periapical lucency at the mesiobuccal root and that the existing filling appears short of apex in that canal**

This is the clinical and radiographic justification for re-treatment. The endodontist needs this specific information to assess the case. A referral without specifying which canal is problematic is clinically incomplete.

**+ That the existing crown is intact and the question of access through crown vs crown removal**

The treatment pathway decision is the key management question. Flagging it saves the endodontist a consultation step and shows the referring dentist has considered the case.

**+ That the tooth is strategic**

This contextualises why re-treatment is being pursued rather than extraction.

### WHAT TO LEAVE OUT

**– Full periodontal charting of adjacent teeth**

Not relevant to the endodontic referral unless there is a specific endo-perio lesion.

**– Dietary and oral hygiene advice for the patient**

Not appropriate in a professional referral letter.

### CRITERION IN FOCUS - CONTENT

# OET Case Notes

Dentistry · Intermediate · Referral letter · to Endodontist

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For endodontic referrals, examiners check for: (1) the specific tooth with correct notation, (2) the radiographic finding that justifies referral (periapical lucency), (3) the suspected cause (mesiobuccal canal undertreated), and (4) the specific question being asked. A referral that lacks any of these fails the Content criterion.

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