

# OET Case Notes

Dentistry · Proficient · Referral letter · to Oral and Maxillofacial Surgeon

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## Dentistry — Referral to OMFS for a Suspicious Oral Lesion

### THE CASE NOTES

**Patient:** Mr Charles Doyle, 63 years old; retired builder

**Lesion:** Left lateral tongue ulcer: 1.5 cm, irregular rolled indurated margins, red and white component (erythroleukoplakia); present for 8 weeks; not resolving

**Symptoms:** Painless; no bleeding; patient noticed it himself incidentally; no dysphagia, no trismus, no neck lump reported

**Risk factors:** Smoker 40 pack-years; alcohol 35 units/week; no HPV vaccination history; previous mild dysplasia (right buccal mucosa, 2019, excised, resolved — histology confirmed low-grade)

**Lymph nodes:** Left level I/II lymphadenopathy — single node 1.5 cm, firm, non-tender on palpation

**Action taken:** Photograph taken; documented; patient advised urgently of the need for specialist assessment; dental X-ray clear; no adjacent tooth pathology that could explain the lesion

**Not done and why:** No biopsy attempted by GDP — incisional biopsy of suspected malignancy in primary dental care is outside GDP scope in this region; also preferred not to disrupt the lesion before specialist assessment

**Social history (partial):** Retired, lives alone, has a daughter; drives; not depressed; hobbies: fishing and darts

**Task:** Write an urgent referral letter to the oral and maxillofacial surgery department, naming the specific clinical features that justify urgent referral and requesting biopsy.

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### WHAT TO INCLUDE

- + **The lesion characteristics: 1.5 cm, left lateral tongue, irregular rolled indurated margins, erythroleukoplakia, 8 weeks non-healing**  
These four features — location, size, margin type, colour change, and duration — are the clinical descriptors that tell the surgeon this is a suspicious lesion requiring urgent biopsy. Every one must be present.
- + **The left level I/II lymphadenopathy: single node, 1.5 cm, firm, non-tender**  
Regional lymphadenopathy adjacent to a suspicious oral lesion is a significant finding that upgrades the urgency. The surgeon needs this to understand potential nodal involvement before the appointment.
- + **The risk factors: 40 pack-year smoking history and 35 units/week alcohol**  
These are the two most significant risk factors for oral squamous cell carcinoma. Combined with the clinical picture, they complete the justification for urgent rather than routine referral.

### WHAT TO LEAVE OUT

- **The social history: retired, lives alone, daughter, hobbies**  
Not relevant to the OMFS referral. None of this information changes the surgeon's decision about when to book or what to biopsy.
- **The previous buccal mucosa dysplasia history beyond a brief mention**  
Relevant context in one clause: 'previous low-grade dysplasia right buccal mucosa (2019, excised, resolved)'. The histology report is in the patient record; the OMFS referral notes the history, not the pathology detail.

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## CRITERION IN FOCUS · PURPOSE

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An urgent oral cancer referral must communicate urgency in the opening sentence — not the third paragraph. 'I am writing to refer Mr Doyle urgently for assessment and biopsy of a suspicious oral lesion with features concerning for malignancy' establishes the clinical priority immediately. A letter that describes the lesion at length before stating the urgency makes the reader decide for themselves; the referral must do that work for them.

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