

OET Case Notes

Dentistry · Proficient · Transfer letter · to Special Care Dentist

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Dentistry — Transfer to Special Care Dentistry for a Patient with Complex Needs

THE CASE NOTES

Patient: Mr Victor Mensah, 58 years old; significant medical history

Medical history relevant to dental treatment: Type 2 diabetes (HbA1c 72 mmol/mol — poorly controlled); bisphosphonate therapy (alendronic acid for 6 years — MRONJ risk); warfarin for AF (INR 2.4, checked 2 weeks ago); severe asthma (salbutamol PRN + beclomethasone)

Dental anxiety: Severe dental phobia (DAS score 18/20); has not attended a dentist for 9 years; attended today only after dental abscess; past traumatic experience with a dentist aged 12

Dental findings: UL2 abscess — drained today, antibiotics prescribed; 8 teeth with active carious lesions; UL4 root stumps; periodontal disease (BPE codes: 4 in all sextants)

Reason for transfer: Medical complexity (MRONJ risk with any extractions, warfarin management required, poorly controlled diabetes affects healing), severe dental phobia, and extent of treatment needs are collectively beyond routine general dental practice scope

What has been done: Abscess drained; amoxicillin 500 mg TDS for 5 days; patient motivated to address dental health following today's emergency

Task: Write a transfer letter to Dr Aisha Bello at the special care dental service, providing clinical and medical information for her to plan the initial appointment.

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WHAT TO INCLUDE

- + **The three medical risk factors: bisphosphonate history (MRONJ), warfarin/AF, poorly controlled diabetes — and their dental implications**
These are active risks that change how the special care team plans every appointment. MRONJ risk means they may need to contact the prescribing physician before any extraction. The INR must be checked before invasive treatment.
- + **The DAS score of 18/20 and the 9-year dental avoidance with the precipitating childhood trauma**
The special care team needs this to calibrate the first appointment. A patient with DAS 18 who has not attended for 9 years needs a different first session than a mildly anxious patient.
- + **The dental findings: 8 active carious teeth, BPE codes 4 all sextants, root stumps, and that the abscess has been drained**
The full treatment need picture tells the special care team the scope and priority order. Knowing the emergency is resolved means they can plan a structured treatment pathway.

WHAT TO LEAVE OUT

- **Full medical history beyond the four dental-relevant conditions**
List only the conditions that directly affect treatment planning or safety.
- **Narrative detail of the 9-year avoidance history**
State the outcome (9 years not attending, DAS 18) and the cause (childhood trauma). A narrative history does not inform the treatment plan.

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CRITERION IN FOCUS · CONTENT

The MRONJ risk from 6 years of bisphosphonates is the highest-stakes item in this letter — it constrains the entire extraction planning. If it is omitted or underweighted, the letter fails Content regardless of its other qualities. This is the 2026 standard for proficient dentistry transfer letters: clinically non-negotiable items must be present.

Write this letter, then get it marked at oetwritingcorrection.com/oet-writing-services

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