

# OET Case Notes

Medicine · Intermediate · Advice letter · to Patient

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## Medicine — Advice Letter for Iron Deficiency Anaemia

### THE CASE NOTES

**Patient:** Mrs Sunita Patel, 44 years old

**Diagnosis:** Iron deficiency anaemia: Hb 95 g/L, ferritin 8 µg/L, microcytic picture on blood film

**Likely cause:** Heavy menstrual periods (confirmed by gynaecology review — no structural or sinister cause found)

**Treatment:** Ferrous sulfate 200 mg three times daily with food; reassessed in 6 weeks

**Dietary advice:** Increase iron-rich foods (red meat, leafy greens, legumes); take the tablet with orange juice (vitamin C aids absorption); avoid tea or coffee within one hour of taking the tablet

**Side effects:** Constipation, nausea, dark stools — common and harmless; if severe, take the tablet once daily and contact the surgery

**Monitoring:** Repeat blood test in 6 weeks; continue iron for 3 months after Hb normalises to replenish stores

**Gynaecology:** Gynaecology outpatient appointment arranged for management of menstrual heaviness

**Task:** Write an advice letter to Mrs Patel explaining her diagnosis, her iron tablets and the practical steps to make treatment as effective as possible.

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### WHAT TO INCLUDE

#### + The diagnosis in plain terms and why it matters

A patient who understands the diagnosis is more likely to take the iron consistently and complete the full course. The explanation does not need to be clinical; it needs to be relatable.

#### + How and when to take the tablets: with food, with orange juice, away from tea and coffee

These three instructions directly determine treatment effectiveness. Absorption is significantly reduced if timing is wrong — this is the most practically important content in the letter.

#### + Side effects to expect, especially dark stools and constipation

Pre-warning prevents the patient stopping the medicine prematurely. Dark stools alarm patients who are not expecting them and are the most common reason for self-discontinuation.

#### + The 6-week blood test and why the iron continues for 3 months after Hb normalises

The most common cause of treatment failure is stopping early. Explaining the reason — stores take longer than blood levels to refill — improves adherence.

### WHAT TO LEAVE OUT

#### – The ferritin level and the microcytic picture

The patient needs to know she has iron deficiency anaemia, not the technical result. Clinical numbers without explanation are confusing and wrong register.

#### – The gynaecology management detail

One sentence confirming a gynaecology appointment is sufficient. The letter's purpose is iron treatment advice; the menstrual management is a parallel track.

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## CRITERION IN FOCUS · CONCISENESS & CLARITY

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An intermediate advice letter tests whether you can convey clinical reasoning in patient language without losing accuracy. The absorption instructions must be explained, not listed as facts. 'Take your iron tablet with a glass of orange juice, not with tea or coffee' is clear; 'avoid substances that inhibit absorption' is clinical and vague. Precision and plain language must coexist.

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