

**SAR Team
Health Records Department
Glasgow Royal Infirmary
8 – 16 Alexandra Parade
Glasgow
G31 2ER**



Private

MMA Legal Limited
Stok
43-59 Princes Street
Stockport
SK1 1RY

Date: 21 May 2026
Your Ref: 100325
Ref: SAR / ACCESS /CD
Enquiries to: Catrina
Direct Line: 0141 201 3381
Email: catrina.doogan@nhs.scot

Dear Sir / Madam

**Re: Subject Access Request under the General Data Protection
Regulation**

Patient: JACQUELINE GOODWIN DOB: 23/04/1973

Thank you for your recent request in which you seek a copy of your client's personal information.

Your request has been dealt with in line with our requirements under Article 15 of the General Data Protection Regulation and I now attach the following:

**GLASGOW ROYAL INFIRMARY RECORDS
GLASGOW DENTAL HOSPITAL RECORDS**

Please be aware that these health records have been reviewed by a clinician and any information identifying or provided by a third party has been removed.

We process personal information to enable us to provide healthcare services for patients; support and manage our employees; to carry out research and clinical trials; maintain our accounts and records and to carry out data matching under the national fraud initiative. We also use CCTV systems for crime prevention.

This personal information can be both clinical and non-clinical in nature and can include

- Patient health records, photographs or radiology images
- Video/telephone recordings, including CCTV images
- Witness statements
- Incident reports
- Complaints files
- Emails

The source of our data includes Patients, General Practitioners, Healthcare, Social and Welfare organisations, Legal representatives and Police forces.

We sometimes need to share the personal information we process with the individual themselves and also with other organisations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation

Where these organisations are based outside Europe we take all appropriate safeguards to protect your information.

Health records are kept for a limited time and this is noted below for your information

- Adult general hospital records – six years after the date of last entry
- Maternity records – 25 years after the birth of the last child
- Children's and young people's records – until the child or young person's 25th birthday.
- Mental health records – 20 years after the date of the last contact

If you have any queries, please do not hesitate to contact us.

If you are unhappy with how your request has been dealt with please contact the NHSGGC Data Protection Officer. Their contact details are noted below:

Data Protection Officer
Information Governance Department
NHS GG&C – 2nd Floor
1 Smithhills Street
Paisley
PA1 1EB
Email:

Yours sincerely

SAR Team

ELECTRONIC PATIENT RECORDS

- ALL HOSPITAL RECORDS HELD NHSGGC
- ACS
- BEATSON HOSPITAL
- CANNIESBURN HOSPITAL
- DENTAL HOSPITAL
- GARTNAVEL GENERAL HOSPITAL
- GLASGOW ROYAL INFIRMARY (Audiology)

-
- INVERCLYDE ROYAL HOSPITAL MATERNITY
 - NEW VICTORIA ACH
 - PRINCESS ROYAL MATERNITY
 - QUEEN ELIZABETH UNIVERSITY HOSPITAL MATERNITY
 - ROYAL ALEXANDRA HOSPITAL MATERNITY
 - ROYAL HOSPITAL FOR CHILDREN
 - STOBHILL HOSPITAL
 - VALE OF LEVEN MATERNITY
 - WEST CARE AMBULATORY HOSPITAL
 - WESTERN INFIRMARY RECORDS

Including:

- BADGERNET
- CAREVUE
- MEDICAL ILLUSTRATION
- METAVISION
- PHYSIOTHERAPY
- RADIOLOGY
- WEST MARC
- LABS

Audiologist journal

Client: Jacqueline Goodwin - 70654323B

NHS No 2304736009

31/10/2024

Practice Navigator Notes - Sharon McVey

Ass

Presentation

Pt attended for reassessment

Attended alone.

Pt last tested in 2019 and currently wears a LAM577 issued at repairs.

Pt reports she is generally managing well, not aware of any further decline.

Tinnitus hx: no

Ear otalgia/surgery hx: no

Balance: no

Health: Barrets oesophagus, high BP, COPD. Ramipril, anti depressants and other medications including propranolol.

Action

Consent for Otoscopy: clear bilaterally, TMs intact.

Audio results demonstrated no significant change in thresholds since the last audio.

Results discussed with pt.

Exchanged to a LAM777 with size 0 thin tube + medium open dome.

P1. All around

P2. Loop only

VC active

REMs completed for NAL NL2 at 50/65/80dB - good match to targets.

Reduced LFs and HFs by 3dB.

Pt happy with sounds.

Discussed acclimatising to new device.

Literature issued - BeMore app, Bluetooth booklet.

Reminded her to get new tubes ~ every 6 months.

Uploaded IMP.

Plan

Pt discharged.

Appointment Restrictions - SYSTEM ADMINISTRATOR

re issue week of 13/05/24

Appointments - Sharon McVey

Appointment details

Appointment date: 31/10/2024

Audiologist seen: Sharon McVey

Appointment type: ***Reassessment***

Audiometry

Audiometry

Appointments - Sharon McVey

Appointment details

Appointment date: 31/10/2024

Audiologist seen: Sharon McVey

Appointment type: ***Refitting***

Hearing Aid Issues

Exchange

Hearing Aid

REM

BTE

Batteries only

Instructions given

Previous hearing aid

Appointments - Sharon McVey

Appointment details

Appointment date: 31/10/2024

Audiologist seen: Sharon McVey

Appointment type: ***Stop***

**Greater Glasgow & Clyde
Audiology Services**



Your Audiology Management Plan

This is your Individual patient Management Plan which is referred to as your IMP. It contains information about you and a summary of the work we have done with you. It may include a copy of your most recent hearing test, information about the hearing aids that you use (if you wear any) and details of the other professionals associated with your hearing care.

As a summary, the IMP will automatically update as we add new information to your electronic audiology records. Please note that some sections of the IMP will be blank.

Current IMP date : 31/10/2024

Your details :

Name : Goodwin, Jacqueline
Address : 68 CASTLEMILK DRIVE
FLAT 3/1
Glasgow
Lanarkshire
G45 9TW

Date of Birth : 23/04/1973
CHI Number : 2304736009
Hospital Number : 70654323B
School :
School Address :

Important Contacts :

GP : WRIGHT, LINDA, 44 Croftfoot Road; - Undefined - - Undefined - G44 5JT 00

Audiologist : Audiologist, UnAssigned

ENT :

Teacher of the Deaf :

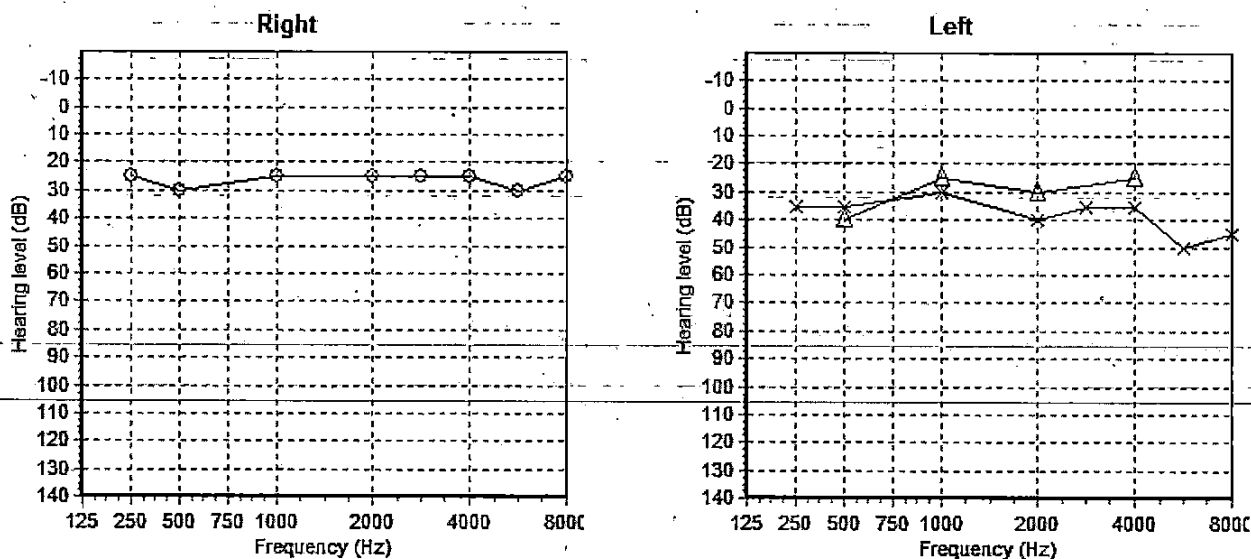
Educational Audiologist :

Paediatrician :

Speech and Language :

Other :

Your audiogram :



This is a copy of your recent hearing test. Your Audiologist will have provided you with an explanation of the type and severity of your hearing loss.

Summary of attended, scheduled and pending appointments :

Latest Medical Referral Details : ***Reassessment*** on 14/03/2024
 Last attended Appointment : Adult assessment on 31/10/2024
 Next Scheduled Appointment : Adult assessment on 16/08/2016, 12:00:00 at Victoria Infirmary

Recent Clinical Notes :

Assessment (ASS)

Date	Content of Note
31/10/2024	<p>Presentation Pt attended for reassessment Attended alone. Pt last tested in 2019 and currently wears a LAM577 issued at repairs. Pt reports she is generally managing well, not aware of any further decline. Tinnitus hx: no Ear otalgia/surgery hx: no Balance: no Health: Barrets oesophagus, high BP, COPD. Ramipril, anti depressants and other medications including propanalol.</p> <p>Action Consent for Otoscopy: clear bilaterally, TMs intact. Audio results demonstrated no significant change in thresholds since the last audio. Results discussed with pt. Exchanged to a LAM777 with size 0 thin tube + medium open dome. P1. All around P2. Loop only VC active REMs completed for NAL NL2 at 50/65/80dB - good match to targets.</p>

Reduced LFs and HF's by 3dB.
Pt happy with sounds.
Discussed acclimatising to new device.
Literature issued - BeMore app, Bluetooth booklet.
Reminded her to get new tubes ~ every 6 months.
Uploaded IMP.

Plan
Pt discharged.

Recent Clinical Notes :

Hearing Instrument (HI)

Date	Content of Note
31/10/2024	Pt attended fitting alone. Fitted Lt671 on size 0 tube and med open dome. Good match to REM targets. No progs, VC enabled. Pt felt my voice was clear and comfortable, a little tinny. More aware of own voice - discussed acclimatisation and consistent use. Managed insertion well. Iss batt book, 12x13, knows 6mth service. Gave number for Vic as closest site.

Recent Clinical Notes :

Open Access (OA)

Date	Content of Note
31/10/2024	PRESENTATION pt attended alone for reissue of lost L aid ACTION reissued L 577 with 0b tube and med open dome like for like issued pouch and 2 x 13 batt PLAN will contact for servicing in 4-6months time

Signed (if printed):

Audiologist _____

Date: 31 October 2024

Patient _____

Date: 31 October 2024

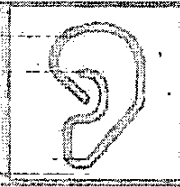
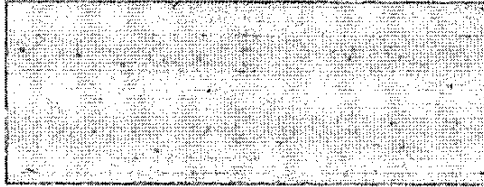
70654323B

Age: 53

Date of birth: 23/04/1973

Report Date: 28/04/2026

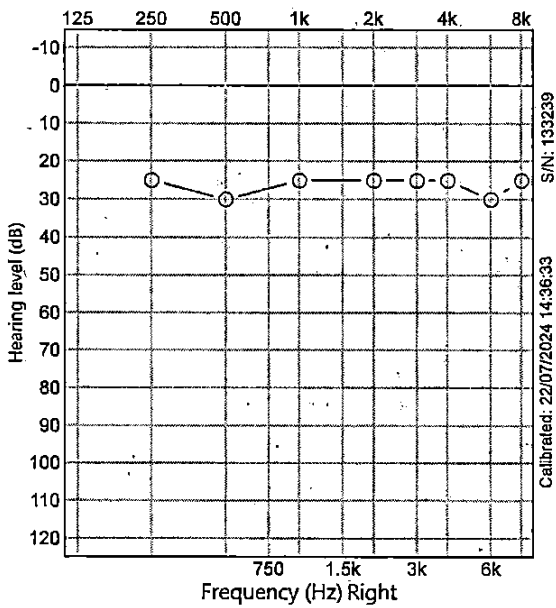
Tester: JOS



Report Comments:

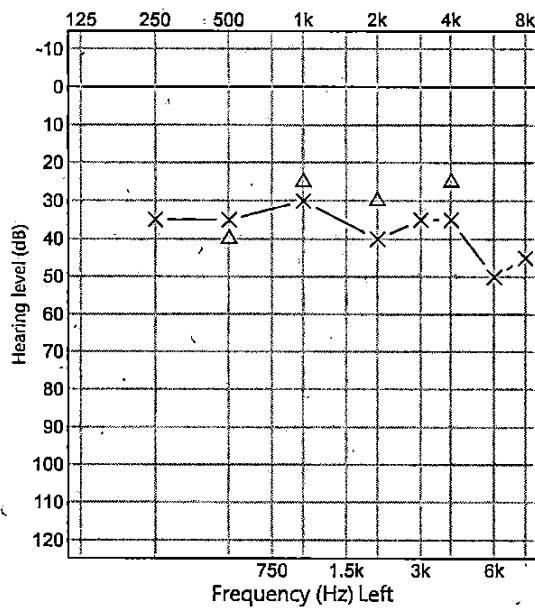
RIGHT 31/10/2024

AC: Unknown, BC: B7



LEFT 31/10/2024

AC: Unknown, BC: B7



Legend			
L	R	Masked	
X	O	AC	●
Δ	Δ	BC	□
S	S	SF	⊗
M	M	MCL	
U	U	UCL	
∇	∇	NR	
PTA AC: 500, 1k, 2k, 4k			
BC: 500, 1k, 2k, 4k			
Aud Method:			

PTA (dB HL) // AI (%)		
	AC	BC
Right	26	72
Left	35	41

Signed by:

ELECTRONIC PATIENT RECORDS

- | | | | |
|-------------------------------------|-------------------------------------|-----------|--------------------------|
| ALL HOSPITAL RECORDS HELD NHSGGC | <input type="checkbox"/> | | |
| ACS | <input type="checkbox"/> | | |
| BEATSON HOSPITAL | <input type="checkbox"/> | | |
| CANNIESBURN HOSPITAL | <input type="checkbox"/> | | |
| DENTAL HOSPITAL | <input checked="" type="checkbox"/> | | |
| GARTNAVEL GENERAL HOSPITAL | <input type="checkbox"/> | | |
| <hr/> | | | |
| GLASGOW ROYAL INFIRMARY | <input type="checkbox"/> | | |
| <hr/> | | | |
| INVERCLYDE ROYAL HOSPITAL | <input type="checkbox"/> | MATERNITY | <input type="checkbox"/> |
| NEW VICTORIA ACH | <input type="checkbox"/> | | |
| PRINCESS ROYAL MATERNITY | <input type="checkbox"/> | | |
| QUEEN ELIZABETH UNIVERSITY HOSPITAL | <input type="checkbox"/> | MATERNITY | <input type="checkbox"/> |
| ROYAL ALEXANDRA HOSPITAL | <input type="checkbox"/> | MATERNITY | <input type="checkbox"/> |
| ROYAL HOSPITAL FOR CHILDREN | <input type="checkbox"/> | | |
| STOBHILL HOSPITAL | <input type="checkbox"/> | | |
| VALE OF LEVEN | <input type="checkbox"/> | MATERNITY | <input type="checkbox"/> |
| WEST CARE AMBULATORY HOSPITAL | <input type="checkbox"/> | | |
| WESTERN INFIRMARY RECORDS | <input type="checkbox"/> | | |

Including:

- | | |
|----------------------|-------------------------------------|
| BADGERNET | <input type="checkbox"/> |
| CAREVUE | <input type="checkbox"/> |
| MEDICAL ILLUSTRATION | <input type="checkbox"/> |
| METAVISION | <input type="checkbox"/> |
| PHYSIOTHERAPY | <input type="checkbox"/> |
| RADIOLOGY | <input checked="" type="checkbox"/> |
| WEST MARC | <input type="checkbox"/> |
| LABS | <input type="checkbox"/> |

RECEIVED 10 NOV 2017

UGIntRef1



University of Glasgow | Dental School



Undergraduate Clinic Internal Referral Form

Patient details:

2304736009	
GOODWIN	F.
Jacqueline	23/04/1973
68 CASTLEMILK DRIVE	
FLAT 3/1	
Glasgow, Lanarkshire	
Atta	G45 9TW

Date: 10/11/2017

Referral from: Oral Medicine

Oral Surgery

Orthodontics

Paediatric Dentistry

Restorative Dentistry

Referral to: Oral Medicine

Oral Surgery

Orthodontics

Paediatric Dentistry

Restorative Dentistry

for RV LARK
Prof GIBSON
PLEASE
(see below)

Urgent: ~~Yes~~ / No (delete as appropriate)

Reason for referral:

PATIENT ATTENDING STUDENT CLINIC FOR CHECK.
 PRESENTED WITH LARGE AREA OF ULCERATION (3-4cm diameter) AFTER BULLOUS
 RUPTURE - VERY UNCOMFORTABLE. SEEN WITH PROF GIBSON RE
 ADVICE ON SYMPTOMATIC RELIEF DIFFICULT ADVISED FULL REVIEW
 APPOINTMENT TO BE ARRANGED WITH PROF GIBSON IN ORAL MEDICINE.

Thank you for your help.

Thank you

Sign / print RAIAD ROL

Student: BSc / BDS 2 / 3 / 4 / 5

Sign / print L. Cross (Cross)

Clinical Supervisor

Clinical letter - Others:



Dental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ
0141 211 9600
Restorative Dentistry
appts: 0800 012 1405
Secretary: 0141 211 9790
17/02/2025
JD/LD
19/12/2025
05/02/2025

Ms Alison Walkinshaw
General Dental Practitioner
Kingscroft Dental
355 Carmunnock Road
Glasgow
G44 5HH

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

Dear Ms Walkinshaw,

**Jacqueline Goodwin; D.O.B: 23/04/1973; CHI: 2304736009
Flat 0/1, 38 Dougrie Drive, Glasgow, Lanarkshire, G45 9BB**

Thank you for the referral of the above patient who I saw on 17th December 2024. Please find below a summary of the consultation.

Presenting complaint:

New dentures not fitting. Patient happy with aesthetics but dentures are unretentive. Experiences discomfort on her gums, which is aggravated further by angina bullosa haemorrhagica. The dentures were made in approximately December 2023/January 2024. Currently wearing an older set of complete dentures which are slightly more comfortable. These dentures are approximately 5-10 years old and were previously made at Glasgow Dental Hospital.

Past medical history:

High blood pressure, COPD, arthritis, depression and anxiety.

Medications:

Patient unable to recall and has been advised to bring a copy of her prescription at further appointments.

Dental history:

Regular dental attender. Wears upper denture overnight. Cleans dentures 1-2x daily.

Social history:

Ex-smoker. Quit 2½ years ago. Used to smoke up to 20 cigarettes per day. Now vapes. Drinks alcohol on special occasions. Retired.

Extraoral examination:

TMJ - Unilateral click on closing, left hand side. No pain or discomfort.

Intraoral examination:

- Soft tissues - healthy.
- Keratosis - 34 area.
- Upper ridge - flabby anteriorly and over right tuberosity, reduced labial sulcus depth.
- Lower ridge - 36 amalgam tattoo, reduced buccal sulcus depths bilaterally, anterior ridge flabby, posterior ridge atrophic.
- Existing complete upper denture (new) - poor retention, poor stability, poor adaption anteriorly, overextended on the buccal aspect posteriorly, under extended palatally.
- Existing complete lower denture (new) - underextended over retromolar pads, overextended buccally and labially, poor stability and poor retention.
- Occlusion between new upper and lower dentures - good although OVD reduced slightly.
- Old complete upper denture - improved retention and stability but still suboptimal.
- Old lower complete denture - bulky flanges, poor retention and stability.
- Occlusion between older dentures - good.

Diagnosis/problem list:

- Unretentive upper and lower dentures.
- Flabby ridges and tuberosities.
- Reduced occlusal vertical dimension.

Outcome:

I have referred the patient to be seen by one of my Speciality Dentist colleagues for provision of new complete upper and lower dentures. This will involve provision of a mucostatic master impression and a slight increase in the occlusal vertical dimension.

We will write to you again once this treatment has been completed. Should you require any further information in the interim, please do not hesitate to contact me.

Kind regards.

Yours sincerely,

Dr Jamie Dickie

Honorary Consultant in Restorative Dentistry

Electronically Signed: Dr Jamie Dickie, Dentist

cc.

Clinical letter - Others:



Dental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ

Ms Alison Walkinshaw
General Dental Practitioner
Kingscroft Dental
355 Carmunnock Road
Glasgow
G44 5HH

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

0141 211 9600
Restorative Department
Appts: 0800 012 1405
Secretary: 0141 211 9796
04/12/2025
HMC/SR
25/09/2025
24/11/2025

Dear Dentist ,

**Jacqueline Goodwin; D.O.B: 23/04/1973; CHI: 2304736009
Flat 0/1, 38 Dougrie Drive, Glasgow, Lanarkshire, G45 9BB**

As you are aware Ms Goodwin has been under the care of Glasgow Dental Hospital for the provision of a new upper and lower complete denture. This treatment has now been completed. This case was complicated by a number of factors including the fibrous mandibular ridge which is very mobile, and the occlusion which was difficult to reproduce.

At Ms Goodwin's review appointment, a number of ulcers have been noted and adjustments have been made with increasing success and comfort each time. Ms Goodwin reports that she can successfully eat with her new dentures in place and that they stay in comfortably with the addition of fixative in the lower arch.

We are now ready to discharge this patient back to your care in general practice and would be grateful for you to continue her maintenance including on going check ups of the soft tissues.

Kind Regards

Hamish McNaughton

Specialty Dentist in Restorative Dentistry

Electronically Signed: Dentist Hamish McNaughton, Dentist

cc. Mrs Jacqueline Goodwin
Flat 0/1
38 Dougrie Drive

Glasgow
Lanarkshire
G45 9BB

Clinical letter - Others: Clinical letter - Others



Dental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ

Dr A McMillan
Dental Surgeon
Kingscroft Family Dental Practice
355 Carmunnock Road
Glasgow
G44 5HH

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

0114 211 9600
Oral Medicine
Appointments: 0141 211 9769, 9759,
Secretary: 0141 211 9654
04/11/2019
JT/AF
11/10/2019
21/10/2019

Dear Dr McMillan ,

**Jacqueline Goodwin; D.O.B: 23/04/1973; CHI: 2304736009
Flat 0/1, 38 Dougrie Drive, Glasgow, Lanarkshire, G45 9BB**

Oral Medicine outcome:

- Failed to attend, discharged to Dentist.

This patient failed to attend a follow-up. I now return her to your care.

Kind regards.

Yours sincerely,

Dr Jennifer Taylor

GMC 6157834 GDC 77723

Consultant in Oral Medicine

Electronically Signed: Dentist Jennifer Taylor3, Dentist

cc.

Clinical letter - Others: Other

Dental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ
0114 211 9600

Dr Allan McMillan
Dental Surgeon
Kingscroft Family Dental Practice
355 Carmunnock Road
Glasgow
G44 5HH

Main
Switchboard:
Department:
Contact Tel: 0141 211 9759/ 9769/ 9734
Enquiries to: Secretary 0141 211 9654
Letter Date: 12/10/2018
Reference: LO/JEM
Dictated: 10/10/2018
Date:
Transcribed: 10/10/2018
Date:

Dear Dr Wright,

**Jacqueline Goodwin; D.O.B: 23/04/1973; CHI: 2304736009
FLAT 0/1, 38 DOUGRIE DRIVE, Glasgow, Lanarkshire, G45 9BB**

Clinical Problem

1. Oral soreness.
2. Blood blisters affecting mouth and throat (not clinically seen as yet)

Management Plan

1. GMP to kindly prescribe Benzylamine Hydrochloride mouth rinse (0.15 per cent) to be used when required.
2. The patient to attend the Oral Medicine Department when blistering appears.
3. Denture hygiene and rinsing after inhaler use.
4. Review in Oral Medicine in 12 months.
5. Ongoing construction of new upper and lower complete dentures.

Further to previous correspondence, I had the pleasure of reviewing Mrs Goodwin on the afternoon of 10th October 2018 on Dr Taylor's Oral Medicine Consultant Clinic. Mrs Goodwin continues to have recurrent blood blisters affecting her mouth and throat, however, since her last appointment in May, she has had one such episode. Mrs Goodwin described how the blood blisters tend to appear after eating hard foods and are then burst by either her teeth or by "punching her throat". Following rupture of the blister, the ulceration takes approximately one month to heal. Mrs Goodwin unfortunately experiences quite considerable discomfort during this phase.

I note that Mrs Goodwin is continuing to reduce her smoking habit and is currently trying an e-cigarette.

On examination today, the TMJ was normal and there were no palpable cervical lymph nodes.

Intraorally, there were no blisters evident today and there was no ulceration evident either. There was a small area of traumatic ulceration evident on the lower alveolar ridge denture-bearing area. This was approximately 2mm in diameter and had no concerning features. It was considerably tender and correlated with a sharp area on the lower complete denture. I note that the patient is currently undergoing care for construction of a new set of complete dentures. There was no evidence of candida today.

I have reinforced smoking cessation advice, as well as denture hygiene and ensuring that Mrs Goodwin is rinsing after inhaler use.

I have given Mrs Goodwin contact details of the clinic and should her blood blisters appear, she is to get in contact for an appointment in an attempt to see the lesions when they are present.

I would be grateful if the GMP would consider prescription of Benzydamine Hydrochloride 0.15 per cent mouth rinse, to be used as required for oral discomfort. A follow-up appointment has been made for 12 months' time. However, should you have any further queries, please do not hesitate to get in touch.

Kind regards.

Yours sincerely,

Lewis Olsson

CT2 Oral Surgery/ Oral Medicine

Electronically Signed: Dentist Lewis Olsson, Dentist

cc. Dr L. Wright
General Medical Practitioner
Dr McEvinney & Partners
Croftfoot Surgery
44 Croftfoot Road
Glasgow
G44 5JT

Clinical letter - Others: OtherGreater Glasgow
and ClydeDental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ
0114 211 9600Dr L. Wright
General Medical Practitioner
Croftfoot Surgery
44 Croftfoot Road
Glasgow
G44 5JTMain
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:Oral Medicine
0141 211 9759/ 9769/ 9734
Secretary 0141 211 9654
04/06/2018
TPS/JEM
29/05/2018
30/05/2018

Dear Dr Wright,

**Jacqueline Goodwin; D.O.B: 23/04/1973; CHI: 2304736009
FLAT 0/1, 38 DOUGRIE DRIVE, Glasgow, Lanarkshire, G45 9BB****Clinical Problem**

1. Mouth soreness.
2. Blood blisters.
3. Candidal infection

Management

1. Dentures to be taken out at night and the patient to rinse after using inhalers.
2. Full blood count, haematinics and glucose tests carried out - Results were all normal
3. Ultrasound of the tongue.
4. Oral rinse showed heavy growth of *Candida tropicalis* and moderate growth of *Candida albicans*
5. Smoking cessation.
6. I would appreciate if the GMP would prescribe a 14 day course of fluconazole 50mg unless otherwise contraindicated.
7. Review in Oral Medicine Consultant Clinic.

Further to our previous correspondence, I saw Mrs Goodwin on 29th May 2018 on behalf of Dr Jennifer Taylor. It is unfortunate that Mrs Goodwin has been having severe mouth soreness affecting her right cheek and under her tongue. The patient also notes three episodes of large blood blisters inside her mouth. The patient noted improvement in her condition for approximately one month after finishing her course of antifungals, however, the soreness returned after this.

The patient is using a steroid inhaler and Salbutamol and takes Quetiapine, Amitriptyline, Esomeprazole and Lofepamine. The patient smokes five cigarettes a day.

Extraorally, there is no cervical lymphadenopathy and other than healing cold sore on the lower lip there were no other abnormalities. Intraorally, the soft tissues were moist. There was erythema throughout the mouth. There was an ulcer on the patient's right fauces and there was firm fissuring on the dorsum of the tongue midline.

After discussion with Dr Jennifer Taylor, our management and clinical impression are as outlined above.

Kind regards,

Yours sincerely,

Thomas Patrick Short

Oral Medicine CT2

GDC No. 258249

Electronically Signed: Dentist Thomas Short, Dentist

cc. Mr Alan W. McMillan
Dental Surgeon
Kingscroft Dental Surgery
355 Carmunnock Road
Glasgow
G44 5HH

Clinical letter - Others: Other



Dental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ
0114 211 9600

Dr L Wright
Medical Practitioner
44 Croftfoot Road
Glasgow
G44 5JT

Main
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

Oral Medicine
Apts: 0141 211 9759 9769 9734
Secretary: 0141 211 9654
14/03/2018
MT/AMR
24/01/2018
21/02/2018

Dear Dr Wright,

**Jacqueline Goodwin; D.O.B: 23/04/1973; CHI: 2304736009
38 DOUGRIE DRIVE, Glasgow, Lanarkshire, G45 9AA**

Further to previous correspondence this lady was reviewed in Dr Taylor's Oral Medicine Clinic on 24 January 2018 for presumed angina bullosa haemorrhagica. She informs me that following blood investigations she is now on Ferrous Fumarate and Folic Acid. She has also just received a 2 week course of Fluconazole to address candidiasis that was identified on an oral rinse. She reports she has only had one small blood blister since her last appointment and that her oral discomfort has been relieved with the use of Gel-Care.

We have arranged to review in 4 months. However should her condition deteriorate in the interim we have advised her to contact us by telephone to arrange an urgent review and biopsy.

Kind regards

Yours sincerely

Dr Maria Tumelty

Clinical Lecturer in Oral Medicine

Electronically Signed: Dentist Maria Tumelty, Dentist

cc.

Clinical letter - Others: Clinical letter - Others



Dental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ
0114 211 9600

Dr L Wright
General Medical Practitioner
44 Croftfoot Road
Glasgow
G44 5JT

Main
Switchboard:
Department:
Contact Tel: Appointments: 0141 211 9769, 9759, 9734
Enquiries to: Secretary: 0141 211 9654
Letter Date: 11/01/2018
Reference: MT/AF
Dictated 03/01/2018
Date:
Transcribed 05/01/2018
Date:

Dear Dr Wright,

**Jacqueline Goodwin; D.O.B: 23/04/1973; CHI: 2304736009
38 DOUGRIE DRIVE, Glasgow, Lanarkshire, G45 9AA**

Further to previous correspondence, we have attempted on numerous occasions to contact you by telephone regarding your recent blood investigations. These show a low haemoglobin (112), folate (2.5), ferritin (6) and normal MCV 83.8. Your B12 and coag screen were unremarkable. On oral rinse candida albicans and tropicalis were isolated. We would appreciate if you could attend your Doctor for assessment and/or supplementation to replace your low folate and ferritin. We would also recommend that you are prescribed fluconazole 50mg OD for 14days. We have sent another appointment for January to review your symptoms.

Kind regards.

Yours sincerely,

Dr Maria Tumelty

Clinical Lecturer in Oral Medicine.

Electronically Signed: Dentist Maria Tumelty, Dentist

cc. Mr A.W. McMillan
Kingscroft Family Dental Practice
Dental Surgery
355 Carmunnock Road
GLASGOW
G44 5HH

Mrs J Goodwin
38 Dougrie Drive
Flat 0/1
Glasgow
G45 9BB

Clinical letter - Others: Clinical letter - Others

Dental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ
0114 211 9600

Dr Laura Cross
Consultant in Restorative Dentistry
Restorative department
Glasgow Dental Hospital

Main
Switchboard:
Department:
Contact Tel: Appointments: 0141 211.9769; 9759, 9734
Enquiries to: Secretary: 0141 211 9654
Letter Date: 20/12/2017
Reference: MT/AF
Dictated 13/12/2017
Date:
Transcribed 13/12/2017
Date:

Dear ,

Jacqueline Goodwin; D.O.B: 23/04/1973; CHI: 2304736009
38 Dougrie Drive, Flat0/1, Glasgow, G45 9BB

Thank you for referring this pleasant lady who was seen in Dr Taylor's Oral Medicine clinic on 13 December 2017. She reports a 10 year history of recurrent blood filled blisters of the oral cavity. She has previously attended our department where she was given a diagnosis of angina bullosa haemorrhagica. She reports the blisters are always blood-filled can be as large as 1-2cm diameter. They usually burst within 30 minutes and she is left with underlying ulceration which can take 3 weeks to heal and is exquisitely painful. The trigger for these blisters is usually hard foods. She denies any skin, genital or eye involvement. She denies any unexplained bruising or PR bleeding. She denies any epistaxis.

She has COPD, oesophagitis, a hiatus hernia, a fatty liver. She is currently on Quetiapine, Esomeprazole, Amitriptyline, Lofepamine, Salbutamol and Modulate inhaler. She reports she is not compliant with rinsing after inhaler use. She is a smoker of less than 10 cigarettes a day with only occasional alcohol intake. She denies any flare-up in association with increased stress.

On examination today, she has no associated lymphadenopathy. There was no evidence of bullae or ulceration and her edentulous ridges looked healthy.

It is our impression that she has angina bullosa haemorrhagica however in order to make this diagnosis, we have taken bloods to exclude any haematinic deficiency or coag deficiency. These show a low Hb (112), folate (2.5), ferritin (6) and normal MCV (83.8). We have advised her by telephone to make contact with her GMP on a prompt basis for supplementation.

We have advised that she rinse out following her inhaler use on a more strict basis. We have also advised her to attend her Doctor for prescription of Gelclair. This is a Class 2A medical device which can be prescribed as 21x15ml sachets. We have advised Mrs Goodwin to dissolve a third of a sachet in a third of a glass of water and to use this three times daily.

We will review in six months to monitor her progress.

Kind regards.

Yours sincerely,

Dr Maria Tumelty

Clinical Lecturer in Oral Medicine.

Electronically Signed: Dentist Maria Tumelty, Dentist

cc. Dr L Wright
General Medical Practitioner
44 Croftfoot Road
Glasgow
G44 5JT

Mr A.W. McMillan
Kingscroft Family Dental Practice
Dental Surgery
355 Carmunnock Road
GLASGOW
G44 5HH

Clinical letter - Others: Clinical letter - OthersGreater Glasgow
and ClydeDental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ
0114 211 9600Mr A.W. McMillan
Kingscroft Family Dental Practice
Dental Surgery
355 Carmunnock Road
GLASGOW
G44 5HHMain
Switchboard:
Department:
Contact Tel: Appointments: 0141 211 9769, 9759, 9734
Enquiries to: Secretary: 0141 211 9653
Letter Date: 17/02/2016
Reference: CMC/AF
Dictated 28/01/2016
Date:
Transcribed 28/01/2016
Date:

Dear Mr McMillan,

**Jacqueline Goodwin; D.O.B: 23/04/1973; CHI: 2304736009
68 CASTLEMILK DRIVE, FLAT 3/1, Glasgow, Lanarkshire, G45 9TW**

Thank you for referral of your patient for provision of a new complete upper denture. Following assessment by the Prosthetics department, the patient was referred to Oral Surgery for removal of all of her remaining lower teeth under intravenous sedation. The alternative of restoring these teeth were discussed with the patient but she was adamant that she preferred to have the teeth extracted and an immediate lower denture placed.

The patient was assessed regarding this and consented for the treatment described above.

This was carried out under local anaesthetic and intravenous sedation today without incident. Haemostasis was achieved and the patient was given appropriate post-operative instruction both written and verbally.

Oral Surgery has now discharged the patient back to the Prosthetics department and we have advised her to continue to attend with yourself on a regular basis.

Yours sincerely,

Catherine McCann

CT2 in Oral Surgery

Electronically Signed: Dr Catherine McCann, Dentist

cc. Student Prosthetics Clinic
Glasgow Dental Hospital and School
378 Sauchiehall Street

GLASGOW
G2 3JZ

Clinical letter - Others:

Dental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ
0114 211 9600
Restorative Dentistry
0141-211-9796

Mr A.W. McMillan
Dental Surgery
355 Carmunnock Road
GLASGOW
G44 5HH

Main Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated Date:
Transcribed Date:

16/01/2015
GM/MG
03/12/2014
09/01/2015

Dear Mr McMillan,

**Jacqueline Goodwin; D.O.B: 23/04/1973; CHI: 2304736009
68 CASTLEMILK DRIVE, FLAT 3/1, Glasgow, Lanarkshire, G45 9TW**

Many thanks for referring this patient regarding the problems she is having with a complete upper denture. She is struggling with the new dentures which were provided and has returned to you her previous old denture which was cracked and showing signs of wear. Thankfully she does not report any pain or problems but has some sensitivity in the lower jaw and is also having some difficulty with a lower acrylic partial denture.

She has signs of chronic periodontal disease with a depleted lower dentition and also has had a diagnosis of angina bullosa haemorrhagica although this is not giving her any great problems at the moment.

Her full upper denture is rather under extended and has an inappropriate OVD such that her upper front teeth are not visible even on a wide smile. This full upper denture is also rather worn and has signs of cracking and she would certainly benefit from a new upper and lower partial denture.

Considerable ridges option? has occurred in the anterior maxilla such that she has combination syndrome but she would benefit from replacement full upper and lower partial dentures done to the correct extension and occlusal vertical dimension.

With this in mind, I have arranged for her to return to see one of our 4th or final year dental students to provide this treatment. I do hope this meets with your approval but please do not hesitate to contact me should there be any issues regarding Jacqueline's care.

Kind regards.

Yours sincerely

Dr Grant Mathieson

Locum Consultant in Restorative Dentistry

Electronically Signed: Dentist Grant Mathieson, Consultant

cc.

Glasgow Dental Hospital & School
378 Sauchiehall Street
GLASGOW G2 3JZ
Telephone: 0141 211 9600
Fax: 0141 211 9800

Department of Oral Medicine

Direct Dial: 0141 211 9654
Direct Fax: 0141 211 9837
Appointments: 0141 211 9642

Ref: GS/MM
Dictated: 08/07/2011
Typed: 13/07/2011

Confidential

Mr A W McMillan BDS
Dental Surgeon
355 Carmunnock Road
Croftfoot
Glasgow
G44 5HH

cc Dr Willox
General Medical Practitioner
44 Croftfoot Road
Glasgow
G44 5JT

Dear Mr McMillan

Jacqueline Goodwin - 23/04/1973
3/1 68 Castlemilk Drive, Glasgow, G45 9TW
UNIT NO: 70654323B
CHI: 2304736009

Thank you for referring the above lady whom I saw on 29 June 2011. She described the formation of blood blisters affecting the right and left lateral aspects of her tongue over the last 18 months. No other sites in her mouth are affected. At this visit she had a photograph on her mobile phone to show me and the ulcer looked approximately 1 cm in diameter. She does not describe blisters at any other site, nor easy bruising or prolonged bleeding. In terms of her oral blood blisters, she feels that certain hard or rough foods can precipitate them.

You will be familiar with her past medical history and her current medication. She is not allergic to anything she is aware of, she smokes 3 cigarettes per day and rarely takes alcohol.

On examination there was no local lymphadenopathy. She was wearing a full upper denture. There were two 1 mm diameter areas of petechiae on the right lateral aspect of the tongue and the left occlusal line respectively. On the left lateral aspect of the tongue there was a 0.5-1 cm diameter healing ulcer at the site of a previous blood-filled blister. The last standing teeth in both the lower right quadrants appeared rough and these seemed to co-incide with the sites of blister formation. The remainder of her oral mucosa was normal.

My impression is that this lady is suffering from angina bullosa haemorrhagica, perhaps precipitated by trauma and I discussed this condition with Ms Goodwin. I did however remove blood to check her full blood count and coagulation screen. These have returned within essentially the normal ranges, although her thrombin clotting is slightly prolonged at 15.4 seconds (normal range 11-15). I think this is unlikely to be related to her blood blisters, but I wonder if Dr Willox would consider rechecking her coagulation screen in due course.

JACQUELINE GOODWIN – CHI NO 2304736009

There is no specific cure for angina bullosa haemorrhagica, but I wonder if you could see Ms Goodwin to smooth off the last standing premolars and to minimise any trauma. I have suggested that she use Corsodyl mouthwash twice daily as required when blisters are present and I have discharged her from the Clinic.

Yours sincerely

**DR GILLIAN SMITH, PhD MBChB FDS(OM) RCSEd FDS RCPS
CONSULTANT
DEPARTMENT OF ORAL MEDICINE**

Glasgow Dental Hospital & School
378 Sauchiehall Street
GLASGOW G2 3JZ
Telephone: 0141 211 9600
Fax: 0141 211 9800

Department of Oral Medicine

Direct Dial: 0141 211 9654
Direct Fax: 0141 211 9837
Appointments: 0141 211 9642

Ref: GS/MM
Dictated: 08/07/2011
Typed: 13/07/2011

Confidential

Ms J Goodwin
3/1 68 Castlemilk Drive
Glasgow
G45 9TW

Dear Ms Goodwin

UNIT NO: 70654323B
CHI: 2304736009

Further to your recent appointment, the results of the blood tests we took are essentially normal. One of the blood clot tests was slightly prolonged, but I do not think this is likely to be of any significance. However, I have asked Dr Willox if she would consider rechecking this in the next month or two and you may wish to contact the Practice regarding this.

Kind regards.

Yours sincerely

DR GILLIAN SMITH, PhD MBChB FDS(OM) RCSEd FDS RCPS
CONSULTANT
DEPARTMENT OF ORAL MEDICINE

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
No known ASN requirements

REFERRAL TO	
Restorative Dentistry - Fixed & Removable Prosth GGC GDH F and R Prosthodontics	Consultant / receiving practitioner and/or specialty clinic
Glasgow Dental Hospital and School 378 Sauchiehall Street Glasgow G2 3JZ	Hospital and hospital address Hospital location code G106H Email address
Urgency of referral Routine	Date sent 13-Jun-2024
Date of referral 13-Jun-2024	

PATIENT DETAILS	Patient's address																	
<table border="1"> <tr><td>Surname</td><td>GOODWIN</td></tr> <tr><td>Forename(s)</td><td>JACQUELINE</td></tr> <tr><td>Title</td><td>Ms</td></tr> <tr><td>Sex</td><td>Female</td></tr> <tr><td>Date of birth</td><td>23-Apr-1973</td></tr> <tr><td>CHI no.</td><td>2304736009</td></tr> <tr><td>Area of Residence</td><td></td></tr> </table>	Surname	GOODWIN	Forename(s)	JACQUELINE	Title	Ms	Sex	Female	Date of birth	23-Apr-1973	CHI no.	2304736009	Area of Residence		<table border="1"> <tr><td>38 DOUGRIE DRIVE GLASGOW G45 9AA</td></tr> <tr><td style="text-align: right;">Contact number(s)</td></tr> <tr><td>Voice: 07434851052</td></tr> </table>	38 DOUGRIE DRIVE GLASGOW G45 9AA	Contact number(s)	Voice: 07434851052
Surname	GOODWIN																	
Forename(s)	JACQUELINE																	
Title	Ms																	
Sex	Female																	
Date of birth	23-Apr-1973																	
CHI no.	2304736009																	
Area of Residence																		
38 DOUGRIE DRIVE GLASGOW G45 9AA																		
Contact number(s)																		
Voice: 07434851052																		

10103339221Z	Unique Care Pathway Number: 10103339221Z
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REFERRING HCP DETAILS	Organisation address													
<table border="1"> <tr><td>HCP Name</td><td>AlisonWalkinshaw</td></tr> <tr><td>HCP code</td><td>264323</td></tr> <tr><td>HCP Position</td><td>-</td></tr> <tr><td>Organisation name</td><td>Kingscroft Dental (475)</td></tr> <tr><td>Location code</td><td>-</td></tr> </table>	HCP Name	AlisonWalkinshaw	HCP code	264323	HCP Position	-	Organisation name	Kingscroft Dental (475)	Location code	-	<table border="1"> <tr><td>355 Carmunnock Road Glasgow G44 5HH</td></tr> <tr><td style="text-align: right;">Contact number(s)</td></tr> <tr><td>Voice: 0141 634 2905</td></tr> </table>	355 Carmunnock Road Glasgow G44 5HH	Contact number(s)	Voice: 0141 634 2905
HCP Name	AlisonWalkinshaw													
HCP code	264323													
HCP Position	-													
Organisation name	Kingscroft Dental (475)													
Location code	-													
355 Carmunnock Road Glasgow G44 5HH														
Contact number(s)														
Voice: 0141 634 2905														

CLINICAL INFORMATION**History of presenting complaint****Presenting complaint**

Description: Dental Direct Referral

Reason for referral

Care type requested: Out Patient

Expected outcome: -Not Specified

Past medical history**Current medication** (Active Repeat medication issued within the last 12 months)

No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)

No recent medications recorded

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information**Administrative information**

Are you aware of any vulnerability or protection issues in relation to this person?:Not Known

Does the patient have the capacity to consent?:Yes

Reason for Referral:Removable prosthodontics – Concurrent mucogingival disease

Additional free-text Information:Patient was previously seen at GDH to have F/F dentures made after diagnosis of angina bullosa haemorrhagica, pt felt these dentures became loose and came last year to the practice to have new dentures made. Pt feels cannot tolerate these dentures and has been unable to wear, despite attempts by the dentist here and lab to make changes to them, pt wishes to be seen again at GDH to have new dentures made.

Does the patient need an interpreter?:No

Upper Right:-

Upper Median:-

Upper Left:-

Lower Right:-

Lower Median:-

Lower Left:-

Patient is aware of need for secondary care treatment:Yes

You have completed/are in the process of completing ALL routine care:Yes

PLEASE CONFIRM BY TICKING THE BOX THAT ALL NECESSARY PREVENTION, ADVICE AND CONTINUING CARE WILL BE OFFERED TO THE PATIENT IRRESPECTIVE OF THIS REFERRAL.:true

Relevant radiographic images have been included:N/A

Confirm radiographs are correctly orientated and labelled, by either saving file as name, DOB/CHI, date and site, or ensuring that the information is clearly visible on the image.:N/A

Have any relevant photographs been taken?:No
Relevant Clinical Photographs have been included:Not Applicable
Details of relevant medication:Amitiptyline, esomeprazole, famotidine, lofepramine, propranolol, quetiapine, ramipril, diffiam, fostair, braltus, salbutamol
Referrer type:GDP
Patient will accept any site:Yes
Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Signature of referring doctor (or other professional) Date

US Soft tissue

Performed	29-Jun-2018 14:45	Received	29-Jun-2018 15:14
Reported	29-Jun-2018 15:14	Order Number	G106H33910490
Status	Final	Source System	MiSys

US Soft tissue Final

Jacqueline Goodwin

US Soft tissue :

Ultrasound examination of the dorsum of the tongue showed normal underlying tongue tissue and musculature.

No evidence of an underlying mass.

Reported by: Dr Donald Thomson (Locum)

Verified by: Dr Donald Thomson (Locum)

XR Dental periapical 5

Performed	10-Sep-2015 15:31	Received	10-Sep-2015 16:05
Reported	10-Sep-2015 16:05	Order Number	G106H30632969
Status	Final	Source System	MiSys

XR Dental periapical 5 Jacqueline Goodwin

Final

Dental Images taken. A radiological report will not be issued for this examination. The referrer will interpret and evaluate the outcome of this examination and document this outcome in the patient's clinical record within an appropriate time-scale. Reference: Procedure 10, Evaluation of Medical Exposure, Ionising Radiation (Medical Exposure) Regulations IR(ME)R 2000

Reported by: Auto Reporting
Verified by: Auto Reporting

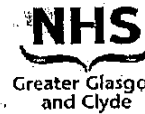
Jacqueline Goodwin

2304736009

MANUAL PATIENT RECORDS

- | | | |
|-------------------------------------|-------------------------------------|------------------------------------|
| ALL HOSPITAL RECORDS HELD NHSGGC | <input type="checkbox"/> | |
| ACS | <input type="checkbox"/> | |
| BEATSON HOSPITAL | <input type="checkbox"/> | |
| CANNIESBURN HOSPITAL | <input type="checkbox"/> | |
| DENTAL HOSPITAL | <input checked="" type="checkbox"/> | |
| GARTNAVEL GENERAL HOSPITAL | <input type="checkbox"/> | |
| GLASGOW ROYAL INFIRMARY | <input type="checkbox"/> | |
| INVERCLYDE ROYAL HOSPITAL | <input type="checkbox"/> | MATERNITY <input type="checkbox"/> |
| NEW VICTORIA ACH | <input type="checkbox"/> | |
| PRINCESS ROYAL MATERNITY | <input type="checkbox"/> | |
| QUEEN ELIZABETH UNIVERSITY HOSPITAL | <input type="checkbox"/> | MATERNITY <input type="checkbox"/> |
| ROYAL ALEXANDRA HOSPITAL | <input type="checkbox"/> | MATERNITY <input type="checkbox"/> |
| ROYAL HOSPITAL FOR CHILDREN | <input type="checkbox"/> | |
| STOBHILL HOSPITAL | <input type="checkbox"/> | |
| VALE OF LEVEN | <input type="checkbox"/> | MATERNITY <input type="checkbox"/> |
| WEST CARE AMBULATORY HOSPITAL | <input type="checkbox"/> | |
| WESTERN INFIRMARY RECORDS | <input type="checkbox"/> | |
| <u>Including:</u> | | |
| BADGERNET | <input type="checkbox"/> | |
| CAREVUE | <input type="checkbox"/> | |
| MEDICAL ILLUSTRATION | <input type="checkbox"/> | |
| METAVISION | <input type="checkbox"/> | |
| PHYSIOTHERAPY | <input type="checkbox"/> | |
| RADIOLOGY | <input type="checkbox"/> | |
| WEST MARC | <input type="checkbox"/> | |
| LABS | | |

Oral Health Directorate
Confidential Medical History Form



Surname GOODWIN First Name JACQUELINE
 Address 38 DOUGRIE DRIVE, FLAT 0/1, CASTLEMILK
GLASGOW Post Code G45 9E
 Date of Birth 23/04/1973 Telephone No 0141 587 8636 Mobile 0792 0030
 Doctor's Name DR WILLOX PRACTICE Doctor's Telephone No 0141 634 6
 Doctor's Address 44 CROFTFOOT ROAD, GLASGOW, G44
 Dentist's Name Dentist's Telephone No.
 Dentist's Address
 Name/Address/Telephone No. of School

To obtain the best and safest treatment, your dentist needs to know of any problems which may affect your treatment. Please complete the following questions relating to your own medical history.

If your *child* is attending the hospital, the dentist needs to know of any problems which may affect your child's treatment. Therefore, please complete the following questions relating to your child's medical history.

All information will be kept strictly confidential. If you do not understand any of the questions, please ask the dentist for help.

ARE YOU CURRENTLY		YES	NO	GIVE DETAILS
1	Are you currently receiving treatment from a doctor, hospital or clinic?			
2	Are you taking any prescribed medicines (e.g. tablets, creams, ointments or inhalers – including contraceptives and hormone replacement therapy or bisphosphonates).	✓		LOFEPRAMIN, QUETIAPINE, ESONEPRAZOL, AMATRYPTALIN SAB SALBUTAMOL
3	Do you suffer from any allergies to any medicines (e.g. penicillin) substances (e.g. latex), or foods?		✓	
4	Do you suffer from heart problems, angina or blood pressure problems?		✓	
5	Do you suffer from bronchitis, asthma or other chest or breathing conditions?	✓		EMPHYSEMA
6	Have you ever had liver disease (e.g. jaundice or hepatitis) or kidney disease?		✓	

Risks and Benefits related to Restorative Dental Treatment

(Please read carefully)

Benefits: The benefits of restorative dental treatment are a pleasing smile and healthy teeth and gums. Teeth, gums and restorations (eg. fillings, crowns, bridges, dental plates) must be looked after by you to keep your mouth healthy. Normally, excellent results can be achieved with close co-operation between the dentist and the patient, helping to avoid potential risks.

Risks:

Dental decay (caries): Dental decay is caused by sugary plaque left in contact with teeth for some time. Brushing teeth twice a day with a fluoride toothpaste and avoiding sugary foods and drinks between meals reduces the risk of decay. Dental decay can develop in teeth as soon as they appear in the mouth but it can also develop underneath fillings, crowns and other dental restorations you may have in your mouth.

Gum disease: Gum disease is caused by plaque building up on the surfaces of teeth and roots. It causes gums to be red and there may be bleeding of gums when you brush. Severe gum disease can mean teeth become loose and may need extraction. Very careful tooth cleaning can prevent gum disease or slow down disease that is already present. Dentists and hygienists can scale teeth above and below the gum level but careful cleaning by the patient at home is the most important way to deal with gum disease.

Pulpal (dental nerve) problems: If teeth are damaged badly enough to affect the dental nerve (pulp) the tooth may die and a root treatment may be required. There is no guarantee a root treatment will save a tooth. Damage to teeth which might lead to nerve damage includes knocking a tooth heavily, deep or untreated dental decay or advanced gum disease. Dental nerve damage can result in pain and swelling or sometimes infection at the end of a tooth root which may not be painful but can be seen on a dental x-ray. If a tooth needs a lot of dental treatment then there is a risk that some years later the tooth may develop pulpal problems and need root-treated. About 25% of teeth beneath bridges, crowns or caps are found to need a root treatment years later.

Loss or failure of restorations: Occasionally dental restorations can break or fall out. There are a number of reasons this may happen and the dentist will have taken precautions to avoid this happening. However, anything 'stuck' on to a tooth has the risk of becoming 'unstuck'. Care should be taken when chewing on recently placed fillings, caps, etc. If a tooth is left uncovered for a long time it can develop decay or become painful. If a dental plate is lost or broken and not replaced or repaired soon afterwards, it may no longer fit well and might need replaced. Dental plates should be kept in a safe place when not being worn and should be cleaned over a sink filled with water to avoid breakage if dropped during cleaning.

Discomfort or pain: Sometimes dental treatment can lead to pain or discomfort afterwards. Your dentist will have warned you of this possibility when the treatment was carried out and can provide advice on how to help ease the pain. If pain becomes prolonged or severe, further advice should be sought from your dental clinic. Painful dental plates should be removed to ease the pain. Try to wear them again about one day before your next appointment so you can tell the dentist where the pain is.

Denture problems: the wearing of dentures can be difficult and some people never manage to wear dentures successfully. The dentist will provide you with information sheets to help you get used to your new denture, with advice on how to look after it.

Your commitment:

Co-operation: The quality of the treatment result will depend on your co-operation. This means that you should listen carefully to the advice and instructions that the dentist gives at each visit. Poor co-operation leads to poor results. Make sure to ask questions if there is anything about the treatment you don't understand.

Tooth cleaning and diet: a good diet, careful tooth brushing and avoidance of sugary and acidic foods and drinks will help to keep your teeth and gums healthy. Keeping dentures clean and removing them at night for sleeping helps keep the skin of your mouth free from infection.

Attendance: regular attendance will ensure that treatment is completed in the minimum time. Repeated failure to attend a booked appointment may result in discharge.

Loss or breakages of dental restorations: if you break or lose a restoration during a course of treatment at the dental hospital you may require an extra appointment to fix it. If a restoration is lost or breaks after you have been discharged from the Dental Hospital you should contact your own dentist in the first instance. If they cannot fix the problem themselves they may refer you back to the dental hospital for advice.

I have read and understood the instructions and conditions above:

Patient:

Signature:

Date:

GENERAL MEDICAL HISTORY FORM

TITLE: MR/MRS/MS/MISS* MS	HOME TEL No: 0141 587 8636
FORENAME: JACQUELINE	MOBILE TEL No: 0798 0036339
SURNAME: GOODWIN	OCCUPATION: UNEMPLOYED
ADDRESS: 68 CASTLEMILK DR	DATE OF BIRTH: 23/4/73
CASTLEMILK	MARITAL STATUS: MARRIED /SINGLE* SINGLE
GLASGOW	Are you the PATIENT/ PARENT /GUARDIAN/ TRANSLATOR *
POST CODE: G45 9TW	ARMED FORCES YES/NO* NAVY/ARMY/RAF*
	ARMED FORCES DEPENDANT/VETERAN*

PLEASE ANSWER ALL QUESTIONS	YES	NO	DETAILS
1 Are you an expectant or nursing mother?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2 Have you had rheumatic fever or St. Vitus Dance (chorea)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3 Have you had Hepatitis, Jaundice or Tuberculosis?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4 Have you had any heart complaints, such as heart-attack, High blood pressure, angina, heart murmur or a Replacement heart valve?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5 Do you suffer from Bronchitis, Asthma or other chest Condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6 Do you have Diabetes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7 Do you have Arthritis?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8 Are you receiving any tablets, creams, ointments from your Doctor?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOFEPRAMINE, QUETIAPIN, ESOMEPRAZOL, RANITIDINE, AMATRYPTALIN
9 Are you taking or have you taken steroids in the last 2 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10 Are you allergic to any medicines, foods or materials?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11 Do you suffer from Epilepsy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12 Have you every bled excessively (e.g. following a cut, tooth extraction or operation)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13 Do you suffer from blood disorders such as Anaemia?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
14 Do you have any other medical conditions/special needs or Disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	
15 Are you attending any other hospital clinics or Specialist?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Specialists?	<input type="checkbox"/>	<input type="checkbox"/>	
16 Have you ever been hospitalised? If Yes, what for and when?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
17 Have you attended this hospital before? If Yes, please state when.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DON'T REMEMBER WHEN. MANY YEARS AGO
18 Have you been resident in the UK for the past 12 Months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

GENERAL MEDICAL HISTORY FORM

Doctor's Name & Address	Dentist's Name & Address
Post Code	Post Code
Tel No:	Tel No:
Date:	Signature:

* Delete where applicable

What is your ethnic group?

	Please tick		
A. White	<input checked="" type="checkbox"/>	√	
	<input type="checkbox"/>		Scottish
	<input type="checkbox"/>		Other British
	<input type="checkbox"/>		Irish
B. Mixed – Please give details	<input type="checkbox"/>		
C. Asian, Asian Scottish or Asian British	<input type="checkbox"/>		Indian
	<input type="checkbox"/>		Pakistani
	<input type="checkbox"/>		Bangladeshi
	<input type="checkbox"/>		Chinese
Any other Asian background-please give details	<input type="checkbox"/>		
D. Black, Black-Scottish or Black-British	<input type="checkbox"/>		Caribbean
	<input type="checkbox"/>		African
Any other background-please give details	<input type="checkbox"/>		
E. Other Ethnic background; Please give details:	<input type="checkbox"/>		
Prefer not to answer	<input type="checkbox"/>		
Not Provided	<input type="checkbox"/>		

• PLEASE HAND COMPLETED FORM TO RECEPTIONIST

Reception/Registration Staff must update Registration fields appropriately

GENERAL MEDICAL HISTORY FORM

TITLE: MR/MRS/MS/MISS	HOME TEL No: 0141 587 8636
FORENAME: JACQUELINE	MOBILE TEL No: 07980036339
SURNAME: GOODWIN	OCCUPATION: UNEMPLOYED (DISABLED)
ADDRESS: 68 CASTLEMILK DRIVE	DATE OF BIRTH: 23/4/73
FLAT 3/1	MARITAL STATUS: MARRIED /SINGLE*
CASTLEMILK	Are you the PATIENT/ RESPONDENT /GUARDIAN/TRANSLATOR*
GLASGOW	ARMED FORCES YES/NO* NAVY/ARMY/RAF*
POST CODE: G45 9TW	ARMED FORCES DEPENDANT/VETERAN*

PLEASE ANSWER ALL QUESTIONS		NO	YES	DETAILS
1	Are you an expectant or nursing mother?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2	Have you had rheumatic fever or St. Vitus Dance (chorea)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3	Have you had Hepatitis, Jaundice or Tuberculosis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4	Have you had any heart complaints, such as heart attack, High blood pressure, angina, heart murmur or a Réplacement heart valve?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5	Do you suffer from Bronchitis, Asthma or other chest Condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6	Do you have Diabetes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7	Do you have Arthritis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8	Are you receiving any tablets, creams, ointments from your Doctor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE OVERLEAF
9	Are you taking or have you taken steroids in the last 2 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10	Are you allergic to any medicines, foods or materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11	Do you suffer from Epilepsy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12	Have you every bled excessively (e.g. following a cut, tooth extraction or operation)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13	Do you suffer from blood disorders such as Anaemia?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14	Do you have any other medical conditions/special needs or Disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
15	Are you attending any other hospital clinics or Specialist? Specialists?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16	Have you ever been hospitalised? If Yes, what for and when?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	MARCH 2009 RAPID HEARTBEAT
17	Have you attended this hospital before? If Yes, please state when.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	?
18	Have you been resident in the UK for the past 12 Months	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

MEDICINES

LOFEPRAMINE

SEROQUEL (QUETIAPINE)

DOMPERIDONE

RITADINE

ESOMEPRAZOL

AMATRIPTALIN

70654323

Hospital only	Clinic	Day Date	Time	Hospital No.
------------------	--------	-------------	------	-----------------

REFERRAL LETTER
MEDICAL IN CONFIDENCE

GGC GDH F and R Prosthodontics Including Advanced Tooth Wear

Additional Support Needs:
No known ASN requirements

REFERRAL TO

Restorative Dentistry - Fixed & Removable Prosth.
 GGC GDH F and R Prosthodontics

Glasgow Dental Hospital and School
 378 Sauchiehall Street
 Glasgow
 G2 3JZ

Consultant / receiving practitioner
 and/or specialty clinic

Hospital and hospital address
 Hospital location code: G106H
 Email address

Urgency of referral	Routine	Date sent	13/06/2024
Date of referral	13/06/2024		

PATIENT DETAILS

Surname	GOODWIN
Forename(s)	JACQUELINE
Title	Ms
Sex	Female
Date of birth	23/04/1973
CHI no.	2304736009
Area of Residence	

Patient's address

38 DOUGRIE DRIVE
 GLASGOW
 G45 9AA

Voice: 07434851052 Contact number(s)

10103339221Z Unique Care Pathway Number: 10103339221Z

REFERRING HCP DETAILS

HCP Name	Alison Walkinshaw
HCP code	264323
HCP Position	
Organisation name	Kingscroft Dental (475)
Location code	

Organisation address

355 Carmunnock Road
 Glasgow
 G44 5HH

Voice: 0141 634 2905 Contact number(s)

CLINICAL INFORMATION

History of presenting complaint

Presenting complaint

Description: Dental Direct Referral

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

Past medical history

Current medication (Active Repeat medication issued within the last 12 months)
No current medications recorded

Recent medication (Any medication issued within last 90 days not shown above)
No recent medications recorded

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Are you aware of any vulnerability or protection issues in relation to this person?: Not Known

Does the patient have the capacity to consent?: Yes

Reason for Referral: Removable prosthodontics ? Concurrent mucogingival disease

Additional free-text Information: Patient was previously seen at GDH to have F/F dentures made after diagnosis of angina bullosa haemorrhagica, pt felt these dentures became loose and came last year to the practice to have new dentures made. Pt feels cannot tolerate these dentures and has been unable to wear, despite attempts by the dentist here and lab to make changes to them, pt wishes to be seen again at GDH to have new dentures made.

Does the patient need an interpreter?: No

Upper Right:-

Upper Median:-

Upper Left:-

Lower Right:-

Lower Median:-

Lower Left:-

Patient is aware of need for secondary care treatment: Yes

You have completed/are in the process of completing ALL routine care: Yes

PLEASE CONFIRM BY TICKING THE BOX THAT ALL NECESSARY PREVENTION, ADVICE AND CONTINUING CARE WILL BE OFFERED TO THE PATIENT IRRESPECTIVE OF THIS REFERRAL.: true

Relevant radiographic images have been included: N/A

Confirm radiographs are correctly orientated and labelled, by either saving file as name, DOB/CHI, date and site, or ensuring that the information is clearly visible on the image.: N/A

Have any relevant photographs been taken?: No

Relevant Clinical Photographs have been included: Not Applicable

Details of relevant medication: Amitiptyline, esomeprazole, famotidine, lofepramine, propranolol, quetiapine, ramipril, difflam, fostair, braltus, salbutamol

Referrer type: GDP

Patient will accept any site: Yes

Patient will accept cancellation or short notice appointment (within 1-6 days): Yes

Clinical letter - Others: OtherGreater Glasgow
and ClydeDental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ
0114 211 9600Dr Allan McMillan
Dental Surgeon
Kingscroft Family Dental Practice
355 Carmunnock Road
Glasgow
G44 5HH

Main	
Switchboard:	
Department:	Oral Medicine
Contact Tel:	0141 211 9759/ 9769/ 9734
Enquiries to:	Secretary 0141 211 9654
Letter Date:	12/10/2018
Reference:	LO/JEM
Dictated	10/10/2018
Date:	
Transcribed	10/10/2018
Date:	

Dear Dr Wright,

Jacqueline Goodwin; D.O.B: 23/04/1973; CHI: 2304736009
FLAT 0/1, 38 DOUGRIE DRIVE, Glasgow, Lanarkshire, G45 9BB

Clinical Problem

1. Oral soreness.
2. Blood blisters affecting mouth and throat (not clinically seen as yet)

Management Plan

1. GMP to kindly prescribe Benzylamine Hydrochloride mouth rinse (0.15 per cent) to be used when required.
2. The patient to attend the Oral Medicine Department when blistering appears.
3. Denture hygiene and rinsing after inhaler use.
4. Review in Oral Medicine in 12 months.
5. Ongoing construction of new upper and lower complete dentures.

Further to previous correspondence, I had the pleasure of reviewing Mrs Goodwin on the afternoon of 10th October 2018 on Dr Taylor's Oral Medicine Consultant Clinic. Mrs Goodwin continues to have recurrent blood blisters affecting her mouth and throat, however, since her last appointment in May, she has had one such episode. Mrs Goodwin described how the blood blisters tend to appear after eating hard foods and are then burst by either her teeth or by "punching her throat". Following rupture of the blister, the ulceration takes approximately one month to heal. Mrs Goodwin unfortunately experiences quite considerable discomfort during this phase.

I note that Mrs Goodwin is continuing to reduce her smoking habit and is currently trying an e-cigarette.

On examination today, the TMJ was normal and there were no palpable cervical lymph nodes.

Intraorally, there were no blisters evident today and there was no ulceration evident either. There was a small area of traumatic ulceration evident on the lower alveolar ridge denture-bearing area. This was approximately 2mm in diameter and had no concerning features. It was considerably tender and correlated with a sharp area on the lower complete denture. I note that the patient is currently undergoing care for construction of a new set of complete dentures. There was no evidence of candida today.

I have reinforced smoking cessation advice, as well as denture hygiene and ensuring that Mrs Goodwin is rinsing after inhaler use.

I have given Mrs Goodwin contact details of the clinic and should her blood blisters appear, she is to get in contact for an appointment in an attempt to see the lesions when they are present.

I would be grateful if the GMP would consider prescription of Benzydamine Hydrochloride 15-per-cent mouth-rinse, to be used as required for oral discomfort. A follow-up appointment has been made for 12 months' time. However, should you have any further queries, please do not hesitate to get in touch.

Kind regards,

Yours sincerely,

Lewis Olsson

CT2 Oral Surgery/ Oral Medicine

Electronically Signed: Dentist Lewis Olsson, Dentist

c. Dr L. Wright
General Medical Practitioner
Dr McEvinney & Partners
Croftfoot Surgery
44 Croftfoot Road
Glasgow
G44 5JT

Clinical letter - Others: Other

NHSGreater Glasgow
and ClydeDental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ

0114 211 9600

Oral Medicine

0141 211 9759/ 9769/ 9734

Secretary 0141 211 9654

04/06/2018

TPS/JEM

29/05/2018

Dr L. Wright
General Medical Practitioner
Croftfoot Surgery
44 Croftfoot Road
Glasgow
G44 5JTMain
Switchboard:
Department:
Contact Tel:
Enquiries to:
Letter Date:
Reference:
Dictated
Date:
Transcribed
Date:

30/05/2018

Dear Dr Wright,

**Jacqueline Goodwin; D.O.B: 23/04/1973; CHI: 2304736009
FLAT 0/1, 38 DOUGRIE DRIVE, Glasgow, Lanarkshire, G45 9BB****Clinical Problem**

1. Mouth soreness.
2. Blood blisters.
3. Candidal infection

Management

1. Dentures to be taken out at night and the patient to rinse after using inhalers.
2. Full blood count, haematinics and glucose tests carried out - Results were all normal
3. Ultrasound of the tongue.
4. Oral rinse showed heavy growth of *Candida tropicalis* and moderate growth of *Candida albicans*
5. Smoking cessation.
6. I would appreciate if the GMP would prescribe a 14 day course of fluconazole 50mg unless otherwise contraindicated.
7. Review in Oral Medicine Consultant Clinic.

Further to our previous correspondence, I saw Mrs Goodwin on 29th May 2018 on behalf of Dr Jennifer Taylor. It is unfortunate that Mrs Goodwin has been having severe mouth soreness affecting her right cheek and under her tongue. The patient also notes three episodes of large blood blisters inside her mouth. The patient noted improvement in her condition for approximately one month after finishing her course of antifungals, however, the soreness returned after this.

The patient is using a steroid inhaler and Salbutamol and takes Quetiapine, Amitriptyline, Esomeprazole and Lofepamine. The patient smokes five cigarettes a day.

Extraorally, there is no cervical lymphadenopathy and other than healing cold sore on the lower lip there were no other abnormalities. Intraorally, the soft tissues were moist. There was erythema throughout the mouth. There was an ulcer on the patient's right fauces and there was firm fissuring on the dorsum of the tongue midline.

After discussion with Dr Jennifer Taylor, our management and clinical impression are as outlined above.

Kind regards,

Yours sincerely,

Thomas Patrick Short

Oral Medicine CT2

GDC No. 258249

Electronically Signed: Dentist Thomas Short, Dentist

cc. Mr Alan W. McMillan
Dental Surgeon
Kingscroft Dental Surgery
355 Carmunnock Road
Glasgow
G44 5HH

Goodwin Jacqueline

CHI: 2304736009

Clinical letter - Others: Other

NHS

Greater Glasgow
and Clyde

Dental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ

0114 211 9600

Dr L Wright
Medical Practitioner
44 Croftfoot Road
Glasgow
G44 5JT

Main

Switchboard:

Department:

Contact Tel:

Enquiries to:

Letter Date:

Reference:

Dictated

Date:

Transcribed

Date:

Oral Medicine

Appts: 0141 211 9759 9769 9734

Secretary: 0141 211 9654

14/03/2018

MT/AMR

24/01/2018

21/02/2018

Dear Dr Wright,

**Jacqueline Goodwin; D.O.B: 23/04/1973; CHI: 2304736009
38 DOUGRIE DRIVE, Glasgow, Lanarkshire, G45 9AA**

Further to previous correspondence this lady was reviewed in Dr Taylor's Oral Medicine Clinic on 24 January 2018 for presumed angina bullosa haemorrhagica. She informs me that following blood investigations she is now on Ferrous Fumarate and Folic Acid. She has also just received a 2 week course of Fluconazole to address candidiasis that was identified on an oral rinse. She reports she has only had one small blood blister since her last appointment and that her oral discomfort has been relieved with the use of Gel-Care.

We have arranged to review in 4 months. However should her condition deteriorate in the interim we have advised her to contact us by telephone to arrange an urgent review and biopsy.

Kind regards

Yours sincerely

Dr Maria Tumelty

Clinical Lecturer in Oral Medicine

Electronically Signed: Dentist Maria Tumelty; Dentist

Clinical letter - Others: Clinical letter - Others

NHS

Greater Glasgow
and Clyde

Dental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ
0114 211 9600

Dr L Wright
General Medical Practitioner
44 Croftfoot Road
Glasgow
G44 5JT

Main
Switchboard:
Department:
Contact Tel: Appointments: 0141 211 9769, 9759, 9734
Enquiries to: Secretary: 0141 211 9654
Letter Date: 11/01/2018
Reference: MT/AF
Dictated: 03/01/2018
Date:
Transcribed: 05/01/2018
Date:

Dear Dr Wright,

**Jacqueline Goodwin; D.O.B: 23/04/1973; CHI: 2304736009
38 DOUGRIE DRIVE, Glasgow, Lanarkshire, G45 9AA**

Further to previous correspondence, we have attempted on numerous occasions to contact you by telephone regarding your recent blood investigations. These show a low haemoglobin (112), folate (2.5), ferritin (6) and normal MCV 83.8. Your B12 and coag screen were unremarkable. On oral rinse candida albicans and tropicalis were isolated.

We would appreciate if you could attend your Doctor for assessment and/or supplementation to replace your low folate and ferritin. We would also recommend that you are prescribed fluconazole 50mg OD for 14days.

We have sent another appointment for January to review your symptoms.

Kind regards,

Yours sincerely,

Dr Maria Tumelty

Clinical Lecturer in Oral Medicine.

Electronically Signed: Dentist Maria Tumelty, Dentist

cc: Mr A.W. McMillan
Kingscroft Family Dental Practice
Dental Surgery
355 Carmunnock Road
GLASGOW
G44 5HH

Clinical letter - Others: Clinical letter - Others

NHSGreater Glasgow
and ClydeDental Hospital
378 Sauchiehall Street
Glasgow
G2 3JZ
0114 211 9600Dr Laura Cross
Consultant in Restorative Dentistry
Restorative department
Glasgow Dental HospitalMain
Switchboard:
Department:
Contact Tel: Appointments: 0141 211 9769, 9759, 9734
Enquiries to: Secretary: 0141 211 9654
Letter Date: 20/12/2017
Reference: MT/AF
Dictated 13/12/2017
Date:
Transcribed 13/12/2017
Date:

Dear

Jacqueline Goodwin; D.O.B: 23/04/1973; CHI: 2304736009
38 Dougrie Drive, Flat0/1, Glasgow, G45 9BB

Thank you for referring this pleasant lady who was seen in Dr Taylor's Oral Medicine clinic on 13 December 2017. She reports a 10 year history of recurrent blood filled blisters of the oral cavity. She has previously attended our department where she was given a diagnosis of angina bullosa haemorrhagica. She reports the blisters are always blood-filled can be as large as 1-2cm diameter. They usually burst within 30 minutes and she is left with underlying ulceration which can take 3 weeks to heal and is exquisitely painful. The trigger for these blisters is usually hard foods. She denies any skin, genital or eye involvement. She denies any unexplained bruising or PR bleeding. She denies any epistaxis.

She has COPD, oesophagitis, a hiatus hernia, a fatty liver. She is currently on Quetiapine, Esomeprazole, Amitriptyline, Lofepamine, Salbutamol and Modulate inhaler. She reports she is not compliant with rinsing after inhaler use. She is a smoker of less than 10 cigarettes a day with only occasional alcohol intake. She denies any flare-up in association with increased stress.

On examination today, she has no associated lymphadenopathy. There was no evidence of bullae or ulceration and her edentulous ridges looked healthy.

It is our impression that she has angina bullosa haemorrhagica however in order to make this diagnosis, we have taken bloods to exclude any haematologic deficiency or coag deficiency. These show a low Hb (112), folate (2.5), ferritin (6) and normal MCV (83.8). We have advised her by telephone to make contact with her GMP on a prompt basis for supplementation.

We have advised that she rinse out following her inhaler use on a more strict basis. We have also advised her to attend her Doctor for prescription of Gelclair. This is a Class 2A medical device which can be prescribed as 21x15ml sachets. We have advised Mrs Goodwin to dissolve a third of a sachet in a third of a glass of water and to use this three times daily. We will review in six months to monitor her progress.

Kind regards

Yours sincerely,

Dr Maria Tumelty

Clinical Lecturer in Oral Medicine.

Electronically Signed: Dentist Maria Tumelty, Dentist

cc. Dr L Wright
General Medical Practitioner
44 Croftfoot Road
Glasgow
G44 5JT

Mr A.W. McMillan
Kingscroft Family Dental Practice
Dental Surgery
355 Carmunnock Road
GLASGOW
G44 5HH

70654323
Stud Clinic
04/11/17

RECEIVED 10 NOV 2017

UGIntRef1



Undergraduate Clinic Internal Referral Form

Patient details:

2304736009	
GOODWIN	F
Jacqueline	23/04/1973
68 CASTLEMILK DRIVE	
FLAT 3/1	
Glasgow, Lanarkshire	
Atta	G45 9TW

Date: 10/11/2017

- Referral from:
- Oral Medicine
 - Oral Surgery
 - Orthodontics
 - Paediatric Dentistry
 - Restorative Dentistry

- Referral to:
- Oral Medicine
 - Oral Surgery
 - Orthodontics
 - Paediatric Dentistry
 - Restorative Dentistry

for RV with
Prof Gibson
PLEASE
(see below)

Urgent: ~~Yes~~ / No (delete as appropriate)

Reason for referral: PATIENT ATTENDING STUDENT CLINIC FOR CANCEL.
PRESENTED WITH LARGE AREA OF ULCERATION (3-4cm diameter) AFTER BULLOUS
RUPTURE - VERY UNCOMFORTABLE. SEEN WITH PROF GIBSON RE
ADVICE ON SYMPTOMATIC RELIEF DIPPAM ADVISED PULL REVIEW
APPOINTMENT TO BE ARRANGED WITH PROF. GIBSON IN ORAL MEDICINE.

Thank you for your help.

Thank you

Sign / print ROBAIN ROBERTSON

Sign / print Chris (Cross)

Student: BSc / BDS 2 / 3 / (4) / 5

Clinical Supervisor



University of Glasgow Dental School



Undergraduate Clinic Internal Referral Form

Patient details:

2304736009	
GOODWIN	F
Jacqueline	23/04/1973
68 CASTLEMILK DRIVE	
FLAT 3/1	
Glasgow, Lanarkshire	
Atta	G45 9TW

Date: 10/11/2017

- Referral from:
- Oral Medicine
 - Oral Surgery
 - Orthodontics
 - Paediatric Dentistry
 - Restorative Dentistry

- Referral to:
- Oral Medicine for AN work
Prof Gibson
Please
(see below)
 - Oral Surgery
 - Orthodontics
 - Paediatric Dentistry
 - Restorative Dentistry

Urgent: ~~Yes~~ / No (delete as appropriate)

Reason for referral: PATIENT ATTENDING STUDENT CLINIC FOR CHECK.
PRESENTED WITH LARGE AREA OF ULCERATION (3-4cm diameter) AFTER BULLOUS
RUPTURE - VERY UNCOMFORTABLE SEEN WITH PROF GIBSON RE
ADVICE ON SYMPTOMATIC RELIEF DIPPAM ADVISED PULL REVIEW
APPOINTMENT TO BE ARRANGED WITH PROF GIBSON IN ORAL MEDICINE.

Thank you for your help.

Thank you

Sign / print RBAIRD [Signature]


Sign / print [Signature] (Cross)

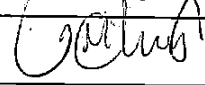
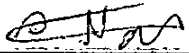
Student: BSc / BDS 2 / 3 / (4) / 5

Clinical Supervisor

Patient Agreement to Investigation or Treatment Consent Form



Patient details (or pre-printed label)	
Hospital / clinic / GP practice	 70654323 DENT General Medical Record GOODWIN Jacqueline CHI: 2304736009
Patient's surname / family name	
Patient's first name	
Date of birth	Gender
23/4/73	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
CHI number	
Special requirements (e.g. other language / communication method)	

Statement for practitioner (to be filled in by practitioner with appropriate knowledge of proposed procedure)
Describe proposed operation, investigation or other treatment. Where appropriate specify site or side (write in full). - Complete removal of remaining teeth on lower arch - under L.A and IV sedation
Specific risks / complications Please detail any specific risk/complications related to the procedure that were discussed. - pain, swelling, bruising, jaw stiffness, delayed healing infection, temp/permanent numbness, stitches required, - damage to nerve
I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.
Signature of practitioner 
Name / Designation (print) J. MURRAY BDS5  CT1
Date 9/11/15

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- Who will be performing my procedure on the day
- That any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

I have been told about additional procedures which may become necessary during treatment.
I have listed below any procedures which I do NOT wish to be carried out without further discussion.

I agree

- to the administration of an anaesthetic or to sedation if required,
- to the procedure named on this form,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following

Agree Disagree

to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.

that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.

Patient / parent agreement to treatment

Signature <i>J Goodwin</i>	Date <i>9/11/15</i>
Name (print) <i>J. GOODWIN</i>	

Patient refusal for blood products


Please sign here if you refuse to consent to the emergency administration of blood or blood products, even if this results in death.

Signature	Date
Signature of practitioner	Date

9/11/15

Conscious Sedation Treatment Record

Patient



70654323
DENT General Medical Record
GOODWIN
Jacqueline
CHI: 2304736009

Proposed procedure X2A 31,32,41,42,43

Referring Practitioner 44

GP17 outcome _____
(NOT NEEDED FOR GDH)

Date	History taker(Print)	Yes	No
9/11/15	JIM McLEWERY		<input checked="" type="checkbox"/>
1. Are you pregnant or breast feeding?			<input checked="" type="checkbox"/>
2. Are you currently receiving treatment from doctor, hospital, or clinic?		<input checked="" type="checkbox"/>	See below
3. Are you taking any prescribe medicine? (tablets creams inhalers contraceptive pill)		<input checked="" type="checkbox"/>	See below
4. Are you allergic to any medicine, food or other substance?			<input checked="" type="checkbox"/>
5. Do you have a history of heart murmur, heart disease, or cardiac surgery?			<input checked="" type="checkbox"/>
6. Do you suffer from asthma, COPD or other chest disease?		<input checked="" type="checkbox"/>	Asthma
7. Have you ever had liver disease?			<input checked="" type="checkbox"/>
8. Do you suffer from fitting or fainting attacks?			<input checked="" type="checkbox"/>
9. Do you have diabetes?			<input checked="" type="checkbox"/>
10. Do you suffer from bruising or persistent bleeding following surgery?			<input checked="" type="checkbox"/>
11. Have you ever had treatment that required you to be in hospital?			<input checked="" type="checkbox"/>
12. Have you ever had sedation?		<input checked="" type="checkbox"/>	2 wks ago endoscopy
13. Have you had any problems with a previous sedation, general or local anaesthetic?			<input checked="" type="checkbox"/>
14. Is there any family history of problems with general anaesthetic or sedation?			<input checked="" type="checkbox"/>
15. Do you or a close relative have CJD?			<input checked="" type="checkbox"/>
16. Have you ever had brain surgery?			<input checked="" type="checkbox"/>
17. Did you have growth hormones before the mid 1980's?			<input checked="" type="checkbox"/>
18. Do you suffer from any infectious diseases or illness?(e.g. HIV)			<input checked="" type="checkbox"/>
19. Do you have arthritis?			<input checked="" type="checkbox"/>
20. Do you smoke or use tobacco products?	*		<input checked="" type="checkbox"/> Qui
21. Do you carry a medical warning card?			<input checked="" type="checkbox"/> 3du
22. Do you suffer from sleep apnoea, sleep disorder, narcolepsy, Myasthenia gravis?			<input checked="" type="checkbox"/> age
23. Is there any other matter not covered above that you feel we should know?		<input checked="" type="checkbox"/>	
Further details: Asthma - inhaler when needed, never had asthma before, exercise trigger			
① Salbutamol, Lofepramine, Quetiapin, escimeptazol, ramitidine, amatriptalin			
② Sedation patient says came out sedation quickly			
③ Diagnosed Angina Bulla Haemorrhagica			
ASA 11			

I believe the above information to be correct

Signature

Clinical History, Examination and Diagnosis

History and Examination

Alcohol Use Recreational drug use..... NO

2 x per month at most
approximately 10 units
(a. 4 large ones)

Patient wishes to have remaining teeth on lower arch XLA
 31, 32, 41, 42, 43, 44. Tx options explained: -

OPTION ① Restore 31, 32, 41, 42, 43, 44 and resolve PA pathology
 on 41 which has RCT + post crown + ISSUE -/P for

OPTION ② ^{MISSING posteriors} Remove 31, 32, 41, 42, 43, 44 and replace with -/F

Patient 100% of OPTION ② as believes this will have better outcome
 and restore confidence as extremely unhappy with remaining teeth

Proposed Treatment Plan

XLA 31, 32, 41, 42, 43, 44 under LA + IV sedation

Choice of sedation I.V. IS Oral other _____

Adults with incapacity certificate needed? Yes No details _____

Method of Communication Verbal other _____

CC Consent form signed comments _____

Special requirements _____

Patient to initial:

- Pre-op and post op instruction leaflet
- Pre-op eating and medication explained
- Accompaniment explained
- EMLA/Ametop instructions

Assessment Checklist


BP	<u>144/91</u>	Height	<u>160.8</u> cm
Pulse	<u>86</u>	Weight	<u>76.3</u> kg
O ₂ Saturation	<u>100</u>	BMI	<u>31</u>
Respiratory Rate	<u>12</u>	Venous Access Site	_____

Seek Advice

BMI > 35 O₂ Saturation < 95%
 Systolic > 160, Diastolic > 95mmHg
 Venous access not obvious

Pre-op Checklist

Date 26/04/16

Pat 
 2304736009
 GOODWIN
 Jacqueline
 68 CASTLEMILK DRIVE
 FLAT 3/1
 Glasgow, Lanarkshire
 G45 9TW
 F
 23/04/1973
 Not pregnant

- Accompanied Transport and Supervision checked
 Medical history checked Pre-op instructions reinforced
 Emergency checklist Time last food / drink quicHC 12:30 BP 148/81

Surgical Pause

Name: Operator Signature / print *C. McCann* McCANN
 Date of Birth:
 Signed GGC Consent Form: Nurse Signature / print *A. Suen* / AIGRIANNE SUEW

Confirmation of consent with conscious sedation

I J. GOODWIN Confirm I consent to REMOVAL OF ALL REMAINING LOWER
 and the different options and complications have been discussed. TEETH UNDER LOCAL ANAESTHETIC
AND INTRAVENOUS SEDATION
 Patient signature *Jaquie Goodwin*

Cannula

Site left Alc fossa Number of attempts 1 Placed by Catherine McCann

Sedation

Sedationist name *Catherine McCann* Drug Midazolam
 Titration to final dose 5mg
 Other clinical staff present
N. Cross Additional increments _____
C. O'Brien Sedation start time 3:52
 Time of final titration 3:58
 Surgery start time 3:00
 Surgery finish time 4:20

Drug: Midazolam
 Batch No. 06750915A
 Exp date: 09/2018
 Drug: Sodium chloride
 Batch No. 14427011
 Exp date: 03/2017
 Additional Notes
 LUXATOR
 3C-04
 ID: 100700100030
 ID: 102656900088
 UIC KEY50034 998
 UIC SIN03659-04
 2016-09-20 2015-08-20 2017-01-15 2016-01-15

Monitoring

Minutes	Pre-sedation	Post-Sedation	5	10	15	20	25	30	35	40	45	50	55	60
SpO ₂	99	100	99	99	100	100								
Pulse	98	98	99	109	110	103								
BP	118/81	130/72	130/71	130/73	132/71	134/70								

Qual monitoring Normal Comments _____
 O₂ Given Start time _____ Finish Time _____ Flow Rate _____

Operation Notes

Consultant: A. Croxall
 Operator: C. McCann
 Assistant: N. Cross

Date 25/1/16

Procedure:

CONSENT CONFIRMED - PT HAPPY TO PROCEED TO LOWER CLINIC.
 APPT MADE E PROS FOR RV IN 2152.
 LF FROM LAB - ADVISED PT MAY NOT BE PERFECT FIT & IS A TEMPORARY DENTURE - WILL NEED REPLACEMENT WHEN SOCKETS HEALED.
 SEDATED E 5MG.
 4 X CARTS UGNSPAN (R) 108 X 2, (L) MB + BUCCAL LINGUAL INFILTRATIONS 1/2 CART ARTICULINE INFILTRATED
 ELUATED + FORCEPS EXTRACTION OF 4321/12
 APICES INTACT
 WSEM ACHIEVED NO SUTURES REQUIRED
 NEW F/C FITTED - PT HAS RV APPT.

OS MINI KIT-32

ACK SAFETY FILLS ANDLES DATION 31

UIC 00804-000 3

SINO2531-0031

92400995001-01

2017-01-20 2018-01-20

2016-01-21 2017-01-21

SEDN SURGICAL KIT-06

VER. 7 CAT.

UIC 41-06

ID: 100209200387

Checked By	Post-Op
Packed By	Pre-Op

DO NOT USE IF PACKING IS DAMAGED OR OPEN

Please circle POINT W+V. DISCHARGE TO PROS. ADVISES PT TO CONTINUE TO ATTEND GSP.

Sedation quality	1	2	3	4	5	6
Patient co-operation	Good	Fair	Poor	Impossible		

- Sedation Score**
1. Awake and anxious
 2. Awake and not anxious
 3. Speech slurred/ptosis/eve's sign
 4. Eyes closed and responds to speech
 5. Eyes closed, responds to mild stimulation
 6. Unresponsive to mild stimulation.

Operator Signature [Signature] Print MCCANN DCZ
 Second appropriate person Signature [Signature] Print LORRAINE SNEEDON

Discharge

BP 127/76

Pulse 93

Saturation range in recovery 97%

Discharge criteria met

Recovery staff [Signature]

Sedationist Signature [Signature] Print N CROSS

Cannula removed

Post-op Instructions

Discharge time 4:55

Signature [Signature]

- Discharge Criteria**
- Orientated in time, place and person.
 - Vital signs are stable and within a normal range
 - Responsible Escort
 - Written and Verbal instructions given
 - Analgesia advice

MAN-70654323

CHI-2304736009

Allan W. McMillan B.D.S.
and Associates

PCN-MRD

18/7/11



355 Carmunnock Road,
GLASGOW G44 5HH.
Tel: 0141 634 2905

2019/14 -

Dear Sir/Madam

JACQUELINE GOODWIN
D.O.B. 23/4/77.
68 CASTLEMILK DRIVE,
GLASGOW,
G45 9TW.

I would be grateful if the patient named above could be seen in
the prosthodontic department to have a new complete upper denture
made as she is having difficulty wearing the denture that was made for
her recently. Many thanks for your help with this case.
Kind regards,

(Allan McMillan)

MR. A. W. McMILLAN, B.D.S.
355 Carmunnock Road
Croftfoot, Glasgow G44 5HH
1617-2
|||||



INVESTOR IN PEOPLE

Glasgow Dental Hospital & School
378 Sauchiehall Street
GLASGOW G2 3JZ
Telephone: 0141 211 9600
Fax: 0141 211 9800

Department of Oral Medicine

Direct Dial: 0141 211 9654
Direct Fax: 0141 211 9837
Appointments: 0141 211 9642

Mrs J Goodwin
FLAT 0/1
38 DOUGRIE DRIVE
Glasgow
Lanarkshire
G45 9BB

Ref: GS/MM
Dictated: 08/07/2011
Typed: 13/07/2011

Confidential

Mr A W McMillan BDS
Dental Surgeon
385 Carmunnock Road
Croftfoot
Glasgow
G44 5HH

cc Dr Willox
General Medical Practitioner
44 Croftfoot Road
Glasgow
G44 5JT

Dear Mr McMillan

Jacqueline Goodwin - 23/04/1973
3/1 88 Castlemilk Drive, Glasgow, G45 9TW
UNIT NO: 70654323B.
CHI: 2304736009

Thank you for referring the above lady whom I saw on 29 June 2011. She described the formation of blood blisters affecting the right and left lateral aspects of her tongue over the last 18 months. No other sites in her mouth are affected. At this visit she had a photograph on her mobile phone to show me and the ulcer looked approximately 1 cm in diameter. She does not describe blisters at any other site, nor easy bruising or prolonged bleeding. In terms of her oral blood blisters, she feels that certain hard or rough foods can precipitate them.

You will be familiar with her past medical history and her current medication. She is not allergic to anything she is aware of, she smokes 3 cigarettes per day and rarely takes alcohol.

On examination there was no local lymphadenopathy. She was wearing a full upper denture. There were two 1 mm diameter areas of petechiae on the right lateral aspect of the tongue and the left occlusal line respectively. On the left lateral aspect of the tongue there was a 0.5-1 cm diameter healing ulcer at the site of a previous blood-filled blister. The last standing teeth in both the lower right quadrants appeared rough and these seemed to co-incide with the sites of blister formation. The remainder of her oral mucosa was normal.

My impression is that this lady is suffering from angina bullosa haemorrhagica, perhaps precipitated by trauma and I discussed this condition with Ms Goodwin. I did however remove blood to check her full blood count and coagulation screen. These have returned within essentially the normal ranges, although her thrombin clotting is slightly prolonged at 15.4 seconds (normal range 11-15). I think this is unlikely to be related to her blood blisters, but I wonder if Dr Willox would consider rechecking her coagulation screen in due course.

JACQUELINE GOODWIN – CHI NO 2304736009

There is no specific cure for angina bullosa hæmorrhagica, but I wonder if you could see Ms Goodwin to smooth off the last standing premolars and to minimise any trauma. I have suggested that she use Corsodyl mouthwash twice daily as required when blisters are present and I have discharged her from the Clinic.

Yours sincerely

**DR GILLIAN SMITH, PhD MBChB FDS(OM) RCSEd FDS RCPS
CONSULTANT
DEPARTMENT OF ORAL MEDICINE**

Glasgow Dental Hospital & School
378 Sauchiehall Street
GLASGOW G2 3JZ
Telephone: 0141 211 9600
Fax: 0141 211 9800

Department of Oral Medicine

Direct Dial: 0141 211 9654

Direct Fax: 0141 211 9837

Appointments: 0141 211 9642

Ref: GS/MM

Dictated: 08/07/2011

Typed: 13/07/2011

Confidential

Ms J Goodwin
3/1 68 Castlemilk Drive
Glasgow
G45 9TW

Dear Ms Goodwin

UNIT NO: 70654323B

CHI: 2304736009

Further to your recent appointment, the results of the blood tests we took are essentially normal. One of the blood clot tests was slightly prolonged, but I do not think this is likely to be of any significance. However, I have asked Dr Willox if she would consider rechecking this in the next month or two and you may wish to contact the Practice regarding this.

Kind regards.

Yours sincerely

DR GILLIAN SMITH, PhD MBChB FDS(OM) RCSEd FDS RCPS
CONSULTANT
DEPARTMENT OF ORAL MEDICINE

NORTH GLASGOW BIOCHEMISTRY DEPARTMENT

Form: NEGLU Run: 292

Surname: GOODWIN Location: Glasgow Dental Hospital
 Forename: JACQUELINE 378 Sauchiehall St
 DOB/Age: 23.04.73 Sex: Female Glasgow
 CHI/Unit No: 2304736009 Greater Glasgow & Clyde
 Address: 38 DOUGRIE DRIVE Requestor: Dr Jennifer Taylor
 Details: suspected ABH rule out u.... Ext Labno:

Specimen type: Blood

Lab Number	Collected	Received	Glucose	HbA1c (IFCC)
			mmol/L (3.5-6.0)	mmol/mol (20-42)
B,17.8172096.X	13.12.17 09:29	13.12.17 13:47	4.6	
B,17.1090925.G	24.04.17 17:17	24.04.17 17:55	4.6	
B,17.1091270.P	21.04.17 15:53	21.04.17 17:47	6.4*	
B,16.0030456.Q	02.03.16 15:30	03.03.16 16:41	4.9	
B,14.1159205.A	31.01.14 11:24	31.01.14 16:16	4.8	

Result Comments:

13.12.17 Glucose : Non-fasting sample

JTm
13/12/17

RECEIVED

NORTH GLASGOW HOSPITALS
HAEMATOLOGY REPORT

[GRI Run: 713

Surname: GOODWIN Location: Glasgow Dental Hospital
Forename: JACQUELINE 378 Sauchiehall St
DOB/Age: 23.04.73 Sex: Female Glasgow
CHI/Unit No: 2304736009 Greater Glasgow & Clyde
Address: 38 DOUGRIE DRIVE Requestor: Dr Jennifer Taylor
Details: suspected ABH rule out u.... Ext. Labno:

Lab No: B,17.5172897 Specimen: Blood
Collected: 13.12.17 09:29 Received: 13.12.17 13:47
Authorised: 13.12.17 Authoriser:

B12

Serum Vitamin B12 258 ng/l (200-900)

SF

Serum Folate 2.5 ug/l (3.1-20.0)

FER

Serum Ferritin 6 ug/l (15-200)

Comments:

FER: Males 20-300 (<20 iron deficiency)
Females 15-200 (<15 iron deficiency)
15-50 intermediate result. Consider iron deficiency
in anaemic patients, older patients and those
with inflammatory disease.

NORTH GLASGOW HOSPITALS
HAEMATOLOGY REPORT

[Form:GRI]

Surname: GOODWIN	Location: Glasgow Dental Hospital
Forename: JACQUELINE	378 Sauchiehall St
DOB/Age: 23.04.73 Sex: Female	Glasgow
CHI/Unit No: 2304736009	Greater Glasgow & Clyde
Address: 38 DOUGRIE DRIVE	Requestor: Dr Jennifer Taylor
Details: suspected ABH rule out u....	Ext Labno:

[[CURRENT]]

Lab Number	B,17.6439717.V	B,17.1099209.G	B,17.1090804.R
Date/Time collected	13.12.17 09:29	24.04.17 17:17	21.04.17 15:53
Date/Time received	13.12.17 13:24	24.04.17 17:58	21.04.17 17:45
Specimen type	Blood	Blood	Blood
<hr/>			
WBC	x10 ⁹ /l (4.0-11.0) 7.7	10.9	8.5
RBC	x10 ¹² /l (3.80-5.80) 4.33	4.29	4.02
Haemoglobin	g/l (115-165) 112	113	106
Haematocrit	l/l (0.370-0.470) 0.363	0.357	0.336
MCV	fl (80.0-100.0) 83.8	83.2	83.6
MCH	pg (27.0-32.0) 25.9	26.3	26.4
<hr/>			
Platelet Count	x10 ⁹ /l (150-400) 301	480	340
Neutrophils	x10 ⁹ /l (2.0-7.5) 4.2	6.4	5.0
Lymphocytes	x10 ⁹ /l (1.5-4.0) 2.7	3.7	2.6
Monocytes	x10 ⁹ /l (0.2-0.8) 0.7	0.8	0.9
Eosinophils	x10 ⁹ /l (0.00-0.40) 0.03	0.05	0.04
Basophils	x10 ⁹ /l (0.0-0.1) 0.0	0.1	0.0
Nucleated RBC	x10 ⁹ /L 0.0	0.0	0.0
Myelocytes	x10 ⁹ /L		
Blasts	x10 ⁹ /L		
Others	x10 ⁹ /L		
<hr/>			
ESR	mm/hr (2-12)		
Retics	x10 ⁹ /L (10-90)		

Glan Fever Scr

Blood Film

Result Comments:

RECEIVED

Date reported: 13.12.17

Authoriser:

Run No: 712

Page 1 of 1

NORTH GLASGOW HOSPITALS
HAEMATOLOGY REPORT

[GRI Run: 712

Surname: GOODWIN Location: Glasgow Dental Hospital
Forename: JACQUELINE 378 Sauchiehall St
DOB/Age: 23.04.73 Sex: Female Glasgow
CHI/Unit No: 2304736009 Greater Glasgow & Clyde
Address: 38 DOUGRIE DRIVE Requestor: Dr Jennifer Taylor
Details: suspected ABH rule out u.... Ext Labno:

Lab No: B,17.6439671
Collected: 13.12.17 09:29
Authorised: 13.12.17

Specimen: Blood
Received: 13.12.17 13:19
Authoriser:

CS

Prothrombin Time	11	S	(9-13)
PT Ratio	0.9		
APTT	27	S	(27-38)
APTT Ratio	0.8		(0.8-1.2)
Thrombin time	14	S	(11-15)
TCT ratio	1.1		

Comments:

RECEIVED 13.12.17

SOUTH GLASGOW HOSPITALS
IMMUNOLOGY REPORT
(Tel 0141 347 8872/0141 354 9337)

[IMMI Run: 861]

Surname	GOODWIN	Location:	Glasgow Dental Hospital
Forename:	JACQUELINE		378 Sauchiehall St
DOB/Age:	23.04.73 Sex: Female		Glasgow
CHI/Unit No:	2304736009		Greater Glasgow & Clyde
Address:	38 DOUGRIE DRIVE	Requestor:	Dr Jennifer Taylor
Diagnosis:		Ext Labno:	
Details:	? pemphigus/ pemphigoid		

Lab No: B,17.3685045.A
 Collected: 13.12.17 09:36
 Authorised: 20.12.17

Received: 13.12.17 14:44
 Authorised by: Moira Thomas IMM

SKIN REACTIVE ABS - INDIRECT IMMUNOFLUORESCENCE

Pemphigoid Ab (IgG)	Negative
Pemphigus Ab (IgG)	Negative

JT hu

Comments:

Date reported: 21.12.17

Arthur W. McMillan B.D.S.
and Associates

70654323B
GOODWIN
JACQUELINE

PCN
AI



355 Carmunnock Road,
GLASGOW G44 5HH.
Tel: 0141 634 2905

Dear Sir/Madam:

1/6/11

re JACQUELINE GOODWIN
O.O.B. 23/4/77,
68 CASTLEMILK DRIVE
GLASGOW
G45 9TW.

I would be grateful if the patient named above could be seen by Oral
Medicine. She has been complaining now for some years of what she
calls "blood blisters" appearing in her mouth which are typically
1cm² in area which swell and then burst. Her GMP has not resolved
this issue. Accordingly I would be grateful if she could be seen to try
and treat these. Many thanks.

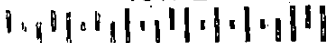
Yours sincerely,

[Signature]
(A. W. McMillan)

Routine

RECEIVED	
1 0 JUN 2011	
VETTED	13/6/11

Mr. A. W. McMILLAN, B.D.S.
355 Carmunnock Road
Crollfoot, Glasgow G44 5HH
1617-2



INVESTOR IN PEOPLE

THE GLASGOW DENTAL HOSPITAL AND SCHOOL



70654323B
 GOODWIN
 JACQUELINE
 23/04/1973
 3/1 68 CASTLEMILK DRIVE
 GLASGOW G45 9TW
 CHI-2304736009

OUR NAME	CHRISTIAN NAME(S)
CONULTANT	REFERRED BY

27/6/11

109 GOR : pt describes blood blisters
 (R) + (L) lat tongue only 18/12
 burst (photo looks ~ 1-2cm) → ulcers.

No other bruising / palpated bleeding /
 other mucosal blisters. Certain foods (rough)
 can eat

- PHH - depression
 - GORD
 - 1x tachycardia 2009 - not found.

- Drugs -
 - quetiapine
 - amitriptyline
 - amitriptyline
 - esomeprazole
 - domperidone

Allergies - none known

3cigs/day Rankly PHH

PHH no lymphad

(R) lat. tongue + (L) occul line - 2x
 - 1mm petechiae

(L) lat. tongue 0.5-1cm healing ulcer

DEPARTMENT OF ORAL MEDICINE

→ last standing teeth $\overline{p/q}$ appear
rough. seem to coincide with
sites of blood clots

→ air flow

→ Imp. ABH
D/w pt.

→ FBC, cong \longleftrightarrow results to pt, etc

→ ask 'GDP' to surgeon $\overline{p/q}$ procedures

→ Consider 1 MW bd as required

→ D/c

Paul
(SMITH)



70654323D
 GOODWIN
 JACQUELINE 23/04/1973
 3/1 68 CASTLEMILK DRIVE
 GLASGOW G45 9TW
 CHI-2304736009

Treatment Record

Surname		Forename(s)		Unit Number	
Date	Dept	Treatment	Signature		
			Student	Staff	
26-11-14	RESTORATIVE	% Struggling with dentures can't wear new ones old ones cracked. No pain but sensitive H. -/P.			
		PDH. CAP. ABH (See oral med notes) Occasional C/D M/W.			
		% 4321 12			
		Combination syndrome c/- underextended worn / # inappropriate OVD / UP support.			
		-/P very mobile / under-extended.			
		→ BDS 4 th / 5 th for c/p dentures			

Date	Dept	Treatment	Signature	
			Student	Staff
27/8/15	Prosths	P/C = both upper complete + lower partial denture incredibly loose and move when talking - having to be removed when eating. Pt also wants all remaining lower teeth removed as she feels they are "crumbling" HPC - pt reports having no confidence due to condition of teeth. Pt can't remember how old current dentures are but estimates at least 10 years old. Always had some degree of looseness but a new complete upper made more recently had no retention and could not be worn.		
	m/H =	stomach problems: Esomeprazole Ranitidine Amitriptyline anti-depressant + anti- anxiety medication - No allergies - salbutamol inhaler		
	D/H =	pt has own dentist - regular attender. Referred by dentist as he could not make her a new denture that would fit		
	S/H =	Brushes remaining teeth 2x a day. No floss or mouthwash - pt has angina bullosa haemorrhagica - swiss w/ salt water rather than CHX		
	S/H =	smokes 3-5 day - smoked for 32 years - non-drinker		

Treatment Record

Surname		Forename(s)		Unit Number
Date	Dept	Treatment	Signature	
			Student	Staff
	O/C	both complete upper + lower are very underextended. They don't extend far into buccal sulcus - upper dislodges when pt opens mouth + lower when pt suckles or moves tongue. upper teeth can't be seen - OVD should be increased. Lower ridge is very low and thin and has a small surface area for retention. Dry mouth		
		Our dentist had advised pt to speak to us regarding xla of remaining lower teeth		
	NV=	17 impressions for new CU/PL Discussion w/ Mr Brown about lower anterior extraction or Tx planning for early caries in this region		
			<i>John Crawford</i> K Crawford	
10/9/15	Prosths	Pt complaining of pain from denture again - same areas as before. She's been unsure whether she would want to have remaining lower teeth extracted or to keep them but agreed to having PA radiographs of these teeth taken so we can discuss further at herat. next appt Had primary impression taken for CU w/ impression compound and PL using alginate w/ impression	BDS	

Date	Dept	Treatment	Signature	
			Student	Staff
		compound in edentulous posterior areas.		
		NV - will return in 2 weeks for discussion on lower remaining teeth / master impressions for CU/PL	Kate Gauld	
		After reviewing radiographs, good bone levels are evident but some restorative Tx - replacement of restorations on 32, 44 and replacement of post crown w/ re-RCT of 41 - would need to be carried out before complete denture could be constructed. In meantime, an acrylic LP could be constructed while this was carried out. Discuss w/ pt if this would be an option she would consider, as an alternative to XLAs on lower arch	K. Craupied BDS	
		Radiographs: PAs of 31, 32, 41, 42, 43, 44 Grade I - PA pathology on 41, which has a RCT + post crown - deficient restorations on 32 and 44, 42 - good bone levels around remaining teeth	Kate Craupied	



2304736009
GOODWIN
Jacqueline
23/04/1973
68 CASTLEMILK DRIVE
FLAT 3/1
Glasgow, Lanarkshire

Treatment Record

G45 9TW

Surname		Forename(s)		Unit Number
Date	Dept	Treatment	Signature	
			Student	Staff
24/7/15	prosch	Pt had no change to MTH. Discussed w/ pt findings of PA radiographs from last time and advised that it would be possible to save the teeth and, with some restorative treatment, have them able to be clasped for a lower partial denture. This is what we would recommend and mentioned this to pt, as well as that complete lower dentures are much harder to retain but pt adamant that she wants to go ahead with xla of remaining lower teeth and having a CL made. MTH Master impressions taken for CU and immediate CL denture using alginate. Disinfected + sent to lab		
	NV =	jaw reg		
			Calbraith	
			K Crawford	
			BDS	
8/11/15	prosch	no change to MTH since last visit. jaw reg carried out for CU and immediate CL using wax blocks. shade selected = B, M. arch = Anterior only. EO, Ew necessary. mullins marked and wax info can't be recorded as disinfected and sent to lab.		
			Calbraith	
			BDS	

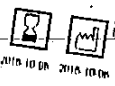
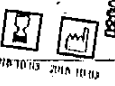
VILLIS
SITE
GAUGE
NO KEY 00747
913

EMILY H. LITTLE
D: 10313440000

VAX KNIFE
ARGE (RES
A) JWX025-
8

NO SINO3032-
0021

ID: 10557230012



disinfected and sent to lab

NV

Calbraith
BDS

Date	Dept	Treatment	Signature	
			Student	Staff
22/10/15	Prosths	<p>Today = Try in visib.</p> <p>Pt happy with colour and shape of tooth mentioned that she would prefer to show more of upper arch but discussed w/ pt that her long upper lip meant that anymore tooth on show would not look natural. Pt happy with this slight occlusal cant on upper denture, causing canine on RHS to be lower than LHS. Technician came up to clinic and advised that this can easily be fixed for finish. Pt happy with aesthetics and to go ahead with finish.</p> <p>Pt keen to have IV sedation for xla of remaining lower teeth - 31, 32, 41, 42, 43, 44. Sedation assessment booked for OSTA and appt to be sent out to pt.</p> <p>Dentures will be ready by 5th November 2015 in prosths cupboard on level 6, and should be delivered on day of XLA's under sedation. Review appt to then be made with BDS student on prosths clinic as my prosths rotation will finish after Christmas</p>		
			<p><i>[Signature]</i> K. Crawford BDS</p>	<p><i>[Signature]</i> 11/9</p>



2304736009
 GOODWIN
 Jacqueline
 23/04/1973 F
 88 CASTLEMILK DRIVE
 FLAT 3/1
 Glasgow, Lanarkshire
 G45 9TW

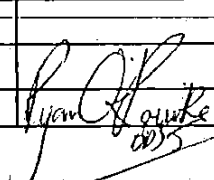
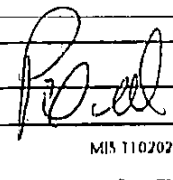
Treatment Record

Surname	Forename(s)	Unit Number
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Date	Dept	Treatment	Signature	
			Student	Staff
9/11/15	OSOTA Tooth 1/3	c/o no new complaints - attend HPC still discomfort in mouth from angular bullosis haemorrhagic MM. Salbutamol - asthma Lefetamine - anti-depressant Quetiapin - anti-anxiety Esomeprazon - acid reflux oesophagitis. Ranitidine - prevents ulcers Amitriptyline - anti-depressants/analgesic Undiagnosed stomach problems awaiting biopsy results for endoscopy @ New Victoria Hosp - hiatus hernia - asthma - breathing problem - depression - oesophagitis DM - attend GDM only when there was a problem been attending GDM - F/- denture - brushes (x2 daily) etc sensible toothpaste DM - Quit smoking 3 days ago 6/11/15. - smoked 40 years - 3 or 4 day in recent years before 15-20 per day - attended today with mother	for details for XLA	assessed 31, 32, 41, 42 43, 44

Date	Dept	Treatment	Signature	
			Student	Staff
9/11/15	OSTA- lab 3	10- 31, 32, 41, 42, 43, 44 present. - explained Tx options to patient Option (1) - remove 31, 32, 41, 42, 43, 44 & provide TA w/retainer to 41 + issue - / P denture Option (2) - patient preferred remove 31, 32, 41, 42, 43, 44 & iss - / F denture - patient 100% certain of option (2) as she believes it will have best outcome despite being advised that option (1) would provide better retention for removable prosthesis, - sedation assessment carried out - patient will make appt for sedation & Tx proposed in option (2) - risks & benefits of Tx explained, written & verbal instructions provided. - patient consent to Tx obtained NB - denture (lower complete to be picked up from lab on day of sedation appt)	J.M. MURPHY BDS 4 (Signature)	Shriya Nair

Date	Dept	Treatment	Signature	
			Student	Staff
7/3/16	PROS STANDAR D SET -456 NO 60-466 ID: 100153700413 2017-03-04 2018-03-04	PC - Complete immediate lower denture causing irritation and trauma. HPC - received denture in late January after lower full clearance. Recently attended level 6 A&E Restorative A&E to reduce bulk of denture and improve fit. Exam: Small ulcer present on lower labial frenal attachment. - labial flange of denture excessively bulky causing irritation and displacement when eating. Tx: Pressure Indicating paste used to show areas causing irritation. Aesthetic bur used to reduce height and bulk of labial flange as well as other fitting surface areas causing irritation. Made lower denture comfortable for pt to wear. Advised to only wear if necessary until ulcers heal. Advised to use hot salty rins and Cosodyl to keep mouth clean. Advised Peli Grip while eating to improve retention. Patient on waiting list for prosth. If pt attends before being referred to prosth - consider re-line.		

Treatment Record

Surname		Forename(s)		Unit Number	
Date	Dept	Treatment	Signature		
			Student	Staff	
27/6/15	Level 6 @ 9:30am	C10 3) #1 off, 1K + hole in acrylic D area sent for repair Pl. happy to not be hit - returning @ 10:00am		CMclarty GDC: 132148	
27/6/16	Level 6 @ 10:40am	Tid of repaired 1K pt says with appearance but not fit - see below Accord to case @ 7/3/16 pt on pretty worrying list - Abil nelly then contact Pebbie Board.		CMclarty GDC: 152148	
		& re fit - I will ask DB board to put on list for staff to do class side relines.			
		@ Please note - offered to do class side relines but as or take up at the lab at pt had appointment @ 11am in city centre + had to leave			
4/15/16	Level 6 @ 11:00am	Relines soft class side, pt satisfied now with student Any issues to let us know.		CMclarty GDC: 132148	



2304736009
 GOODWIN F
 Jacqueline 23/04/1973
 68 CASTLEMILK DRIVE
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Date	Dept	Treatment	Signature	
			Student	Staff
08/12/16	REM PROSTH. LVL 6	RFA - 1 ^o impressions for complete upper/lower denture		
		CO - 2 weeks ulcer (sore) inside left cheek		
		HPC - from blood blisters caused by ill-fitting lower MH - checked, no change		
		denture. pt. not too bothered, very rarely sore. pt.		
		MH - checked, no change		
		DH - wears complete upper (very happy) + ^{immediate} complete lower (very loose)		
		Discussed process of getting upper + lower complete dentures, including procedures + no. of visits. Pt understands + happy to proceed.		
		SH - non-smoker, rarely drinks alcohol pt. happy		
		OE - E ₂₀ - NAD -10- resorbed lower alveolar ridge, especially posterior: → explained to pt. that this feature may reduce retentiveness of lower denture. Pt understands.		
		Tx - upper + lower impressions taken in impression compound, disinfected + sent to lab for custom trays.		
		NV - 2 ^o impressions	Kwair N2016 BDS 5	<i>[Signature]</i> Dunlop Spent

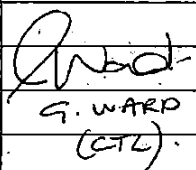


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Treatment Record

Surname		Forename(s)		Unit Number	
Date	Dept	Treatment	Signature		
			Student	Staff	
10/01/12	REM. PROSTH LVL 6.	RFA - Master impressions complete upper + lower			
		CO - nil MH - no change			
		Tx - upper special tray adjusted at labial + buccal frenal attachments - upper + lower trays adjusted with green stick at peripheries. - upper + lower PVS medium-body impressions taken, disinfected + sent to lab			
		^{current} NOTE: ADJUSTED UPPER DENTURE by accident, some retention lost. Pt. very upset + teary teary. Apologised to pt. - Added soft tissue retine to up upper denture to increase retention.			
		NV - Jaw Reg.	Kuber Nader BOSS WJ		
26/01/12	REM PROSTH LVL 6.	RFA - jaw reg.			
		CO - nil MH - checked; no change			
		Tx - Upper block tried in, labial & buccal support adjusted, incisal pt level + occlusal plane adjusted, pt. happy. Centre, canine + smile line marked.			

Date	Dept	Treatment	Signature	
			Student	Staff
		<ul style="list-style-type: none"> - lower block tried in, occlusal level adjusted. Pt. current OVD = 63mm, slightly overclosed. Adjusted to lower so OVD = 65mm. Pt. informed + happy to proceed. - Wax bite reg. taken, disinfected + sent to lab. - Shade + mould chosen with pt. <ul style="list-style-type: none"> - Shade = B1 - Mould = L04/L02/L0/LU 		
		- NV - Wax trial	Karen Nobile BDS 5 KLN	 G. WARD (CTC)
09/02/14	PROSTH LVL 6 BDS	CO - broken front tooth of lower denture. Pt finds denture sharp + diff hard to eat without tooth. MH nil, no change		
		<p>Tx - current lower denture sent & received back from lab for tooth repair. Pt. happy.</p> <ul style="list-style-type: none"> - Wax trial. <ul style="list-style-type: none"> → upper tried in, not very retentive, explained to pt. that is made from wax won't be very retentive. - upper trial has >2mm space between trial + master cast + excessive wax removed - fixative used to to fix upper trial in mouth. Adjusted labially. Pt. happy with smile + centre line. - lower tried in, adjusted buccally → occlusion checked, OVD checked (3mm) - Due to ill-fitting upper trial decided to take PVS re-line impression + new master cast made. 		

Treatment Record



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 Glasgow, Lanarkshire

Unit Number

Date	Dept	Treatment	Student	Staff
		- Dent Impression + lower trial disinfected + sent to lab.		
		NV - re re-trial	Kiber Nabis dcr BDS 5	
23/04/17	REM PROSTH.	from NOTE: LAB UNABLE TO POUR UP NEW MASTER CAST DUE TO UNSUITABLE IMPRESSION (imp. material must cover all of trial)		
	LWL 6 BDS	→ Adjusted cast manually in areas of retention concern (labial)		
		RFA - re-trial		
		CO - pt. has very sore spot from rubbing of lower denture on inner of bottom lip. Gum split + only wears lower when eating due to pain.		
		MH: checked, no change.		
		OC - Current lower denture has no sharp edges. Pt. thinks trauma is due to pt. on having Zygosa bulosa haemorrhagia.		
		→ Advise pt to leave denture out as much as possible to allow healing.		
		Tx - Trial disinfected. Tried in upper → slightly more retention than last visit. Adjusted labial contour + reduced incisal level so pt. felt she was showing		

PALLET KNIFE-18

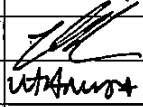
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Date	Dept	Treatment	Signature	
			Student	Staff
		<p>too much tooth when smiling. - Lower tried in + adjusted 25 encroaching on tongue space. - Posterior teeth removed + bite-reg re-taken Disinfected + sent to lab</p>		
		<p>NU- Re-trial</p>	<p>Kumar Natar Boss</p>	<p><i>[Signature]</i> <i>[Signature]</i></p>
~ 1/08/17	RCM PROSTH LVL #5 BOS 5	<p>- CO-front tooth broke off lower denture. - HPL- last week whilst speaking, pt. had tooth with her. Same tooth has broken off twice before - MH- checked no change</p> <p>Lower OE- Denture - 32 tooth cleanly fractured off - 10- 1/2 lesion on lower lip has improved appearance is healing, but not completely healed</p>		
"		<p>current Tx- VCO. Lower denture + ^{broken} tooth sent to lab for repair + returned, pt. happy.</p> <p>- VCO. Trial disinfected + tried. n.</p> <p>- Upper retained with help of fixative → slightly overextended labially + adjusted. pt. happy with incisal line. - Lower tried in, slightly overextended lingually + adjusted. - Occlusion checked - 3mm freeway space → measured with Willis Gauge</p>		

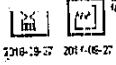
Treatment Record

Surname		Forename(s)		Unit Number	
Date	Dept	Treatment	Signature		
			Student	Staff	
01/03/17	REM PROSTA	- Pt checked appearance in mirror + happy with stare tooth shade			
	LVL 7B BOSS 5				
		Note: up technician was called to seal teeth in trial of upper 2s were falling out + making it difficult to assess			
		NV - Denture Delivery	Kaber Nodig BOSS <i>[Signature]</i>	<i>[Signature]</i>	
23/03/17	REM PROSTA	- (O-ni)			
	LVL 6 - BOSS	- MH - checked, no change			
		OE - 10 - lesion on lower lip has healed			
		Tx - VCO. Upper + lower disinfected.			
		- Upper tried in → unretentive → due to bulkiness + over-extension			
		- Adjusted with acrylic bur + retentive improved but still insufficient anteriorly			
		- Took re-line impression with light-bodied PUS, sulcus depth did not change			
		- Called lab technician for ideas → suggested new baseplate + block			
		- Re-took master impression using special tray in light bodied PUS → tray is very retentive (addition of material anteriorly causing less retention → informed lab of this)			
		- Lower tried in, good retention, soreness in lingual sulcus LHS due to heavy undercut, relieved slightly however still sore in occlusion			

Date	Dept	Treatment	Signature	
			Student	Staff
23/03/17		- lab Master impression + other lab work disinfected + sent to lab		
		NV - Jaw - reg	Khanley BDS 5	
29/01/17	Pros level 6	Previous notes suggested Jaw reg of upper this session		
		Wax upper rim not completed lower denture in lab.		
		Tried in lower denture - unstable and causing pain for patient. Wax rim under extended		
		Discussed decision with pt and decision made to return to primary impressions. Pt happy with this as she was expecting it.		
		Pt's current upper denture is comfortable + retentive. Impression taken of this denture.		
		Upper + lower primary impression taken in impression compound		
		Disinfected + sent to lab		
		NV Master Impressions	R BARD BDS4	hbm (pm)

FROS
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VC 38-01



ID: 10018260959

2018-10-27 2018-10-27



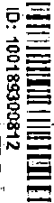
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 GOODWIN F
 Jacqueline 23/04/1973
 68 CASTLEMILK DRIVE
 FLAT 3/1
 Glasgow, Lanarkshire
 G46 8TW

Treatment Record

Surname		Forename(s)		Unit Number	
Date	Dept	Treatment	Signature		
			Student	Staff	
13/10/17	PROS LVL6	RFA: Master Impressions. Master impressions taken using special trays adapted with greenstick.			
		Upper using alginate Lower using exbrude Disinfected + sent to lab.			
		NV: Jaw reg.	RBAIRD BDSL4	/s/ G /s/ MARTIN	
27/10/17	PROS LVL6	RFA: Jaw Reg			
		U+L wax rims disinfected.			
		Upper adapted // Lip support - no adaptation Adapted to parallel with ala tragus line + interpupillary line Midpoint, canine points + high smile line recorded. RVD A recorded with upper rim in place. Lower adaptation started. Pt complained of sore lower gums - possibly due to wax bebs dipped onto fit surface			

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Date	Dept	Treatment	Signature	
			Student	Staff
27/10/17	Pros lvl 6	Cont.		
		Request lab readapt lower rim to model to remove breaks.		
		Pt in pain - decided to finish jaw registration next time.		
		NV: Cont. Jaw Reg.	PBARO BDS4	J. Martin
10/11/17	Pros lvl 6	RFA: Jaw Reg.		
PALLET KNIFE-01 ID: 106292600120 FROS STANDAR D SET-77 UC 38-71 ID: 102795900927 2018-11-07 2017-11-07		Pt attended complaining of sore be mouth. Prev. diagnosis of orofacial cellulosa haemorrhagica. Large blood filled 'blister' started last Thursday then burst leaving 3-4cm diameter area of ulceration.		
ALMA BITE PLANE -05 ID: 104602000013 UC KEY50033 417 2018-11-08 2017-11-08		Pt reports usually takes at least 3 weeks to heal. Using igh gel to reduce discomfort.		
VILLIO BITE GAUGE-13 ID: 102784600006 UC SINO1628-0003 2018-11-09 2017-11-09		Discussed w/ pt + pt happy to continue with appt. If pt in a lot of pain would cont. next time.		
		Jaw reg completed - finished adaptation of lower rim.		
		Model + shade selected LO6, B1		
		Jaw Reg disinfected + sent to lab		
		Tooth trial next time.		

P.T. 0-

Date	Dept	Treatment	Signature	
			Student	Staff
		New mould selected LO4 Shade to remain B1.		
		WORK disinfected Tooth trial next time.	<i>[Signature]</i>	<i>[Signature]</i>
08/12/17	Lvl 6 - Pros	RFA: Tooth Trial		
		Pt attended with painful mouth. Right side posteriorly + lower labial sulcus area. Happy to continue with appt.		
		Asked if pt received letter from oral med - yes, p appt on 13/12/17.		
		WORK disinfected Upper tried in - stability + retention checked.		
		Anterior Occlusal cont as study L → R anteriorly		
		Teeth 21, 22, 23 repositioned to eliminate cont.		
		Lower / tried in - is Unstable + loose.		
		Tried in together - pt felt like there were no contacts on lower gums.		
		Impression taken using lower trial (greenstick added, adhesive + light body silicone) to extend into labial sulcus		
		WORK disinfected	<i>[Signature]</i>	

Treatment Record

Surname		Forename(s)		Unit Number	
Date	Dept	Treatment	Signature		
			Student	Staff	
08/12/17	Lvl 6 Pios	Cont.			
		Plan into replace lower teeth Appl with wax rim + take Jaw reg at next app't Against upper tooth (Mx)	RBARD BDS4	L Ozer (Ozer)	
19/01/18	Lvl 6 Pios	RFA: Retrial			
		No change medical history. Appl with oral med next week.			
		Tried in trials. Upper was not retentive, lower still no contact on lower gingiva.			
		Wash impressions of upper + lower arches in trial			
		Bite reg taken.			
		NV: Tooth retiral.	RBARD BDS4	L Ozer (Ozer)	
02/02/18	Pios	RFA: Trial			
		Wax try in, tooth on LWS clipping pts check: Teeth set very buccally.			
		Chairside adjustment into line of arch, no longer sitting on pts cheek.			
		Bite reg taken of new tooth position			

PROS
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Date	Dept	Treatment	Signature	
			Student	Staff
02/02/18	Pros	Disinfected + sent to lab for minor adjustments + wax up for trial.		
		Plan to complete denture to finish then provide soft lining. Pt happy with this. (yesterday)		
		NV: Retrial	RSTARD BDS4	L. Low (CRM)
16/1/18	Pros	RFA: Retrial.		
		Work disinfected.		
		Tooth trial tried in mouth.		
		No longer impinging on pt's buccal tissue.		
		No areas of digging or pain.		
		OVD=RVD		
		Lower teeth removed from wax trial + re-registered wax added.		
		Lower wax rim not registered to uppers. RVD=61		
		OVD=58		
		ASK lab to reset for retinal w.		L. Low
18/5/18	ERP	Re-trial		
		Pt. C.O. - N.U.		
		→ Occlusion satisfactory		
		RWS = 3mm		
		pt happy with appearance		
		N.V. delivery		
		Arranged for M		
		thru due to delivery		
		Pt to consider being placed on explant box - discuss at MV.		

PROS
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D SET-59
ID: 10018200848
J.C. 38-69
2019 02 14 2019 02 14



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70654323
DENT General Medical Record
GOODWIN
Jacqueline
CHI: 2304736009

SURNAME

CHRISTIAN NAME(S)

CONSULTANT

REFERRED BY

DATE

(44)
+

Internet referral from
respirative

13/12/17
Dr Taylor

PCO: ulceration post bursting of blisters

LPC: Blisters all over mucosa +

throat. ~ 10 clear

large approx 1cm φ; burst within 24hr
attended O/Med Δ ABLU 3/62
ulcerates

Blood filled blisters triggered by
hard foods.
° Derm 1° Genital

mild improvement i dexam

MHO:

° unexplained bruising / R bleed

° CIA CVS/Resp: COPD. GI: Peritrophic + 4
venous

fatty liver ° renal ° MSK ° DM
° Ocular

Meds:

Quetiapine

Escitalopram

Amphetamine

lofepramine

~~Lat~~ salbutamol

Ahmos-Modulite inhaler

Allergies NKDA

occasional
MSUg post
1/80

DEPARTMENT OF ORAL MEDICINE

Stbx: smoke, 2101 day
C2H5OH, occasionally
Service Delivery Officer
lives alone

Bloods
24/4
LFT: Alb 33

* Hb: 113
MCV = 83.2
PIT = 480
* Coag PT = 14

POHo attending GDU for Khorakhe Ro.

07E

o. Wmp1 FROMM MOM: not tender
JHJ (N)

J₁₀, smooth tongue
edentulous; ml evidence bullet/ulcer

Plans Imp: ASH (exclude coag def)

① Bloods, FBC/Coag/haematurics/sku ABObles

② Rinse out post urtolet use

③ gelclau: medical device class 2a
21x15ml sachets: 1/3 sachet + 1/3 glass L₂₀. TDS

④ CIV 6/12

M. J. Mally
1132761



70654323

DENT General Medical Record

GOODWIN

Jacqueline

CHI: 2304736009

Treatment Record

Surname		Forename(s)		
Date	Dept	Treatment	Signature	
			Student	Staff
3/1/14	o/med	Bloods 13/12/12		
		Hb 112		
		Platelets 6		
		Platelets 25		
		BL2 (N)		
		Skil AB: 710		
		Course: C Albicans		
		C. Tropicalis		
		Letter to pt after multiple attempts to call by telephone		
		Letter to GMP		
			M. Dunne	
			11222	
24/1/17	o/med	On 1) penicillin amoxicillin 2) fluconazole 50mg x 2/52 3) folic acid		
		Amphotericin 10mg not ctd c fluconazole		
		no only 1 small blood blister since last appl		
		oral discomfort relieved c folic acid		



2304736009

GOODWIN

Jacqueline

68 CASTLEMILK DRIVE

FLAT 3/1

Glasgow, Lanarkshire

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23/04/1973

G45 9TW

Date	Dept	Treatment	Signature	
			Student	Staff
		Rx 4/2	M. M. M. M.	
29/5/18	ONCC R/B (J Taylor)	Clinical problem ① mouth sore ② blood blisters C/O - Mouth sore - raw feeling - Pt attempted to contact to have blood blisters sampled → no sput given - Mouth sore ② cheek - under tongue - sore constantly for several days - feels raw - No bigger - Nothing making better - 7/10 VAS pain - feels swollen ② posterior of mouth - Patient had 3 episodes of blood blisters → ② cheek ① cheek, back of throat. - Pt burst blisters → lots of blood. - blood blisters large. Antifungal course finished → improvement for ~ 1 month - then soreness returned		
	Smolin IS Polat (N) FBC (N) Apo skin (N)			
	Mouth feels raw. - back 1' dry. wax shiny bist - agony.			
	had antibiotics previous (vegetarian)			
		MH - Atamos inhaler 2 times Salbutamol inhaler soft use - Quetiapine - Amitriptyline - Esomeprazole - Lorazepam Smokes 5/day. Smoking cessation given.		



Treatment Record

Surname		Forename(s)		Unit Number
Date	Dept	Treatment	Signature	
			Student	Staff
29/5/18	OMCC (J Taylor) combined	E/O - lymph - TMJ - MoM - skin → cold sore healing lower lip		
		1/0 - ST moist - Erythema throughout mouth - Ulcer (R) fauces - Firm fissuring on dorsum of tongue midline. Cln imp - ? candida. low iron, heavy Management ① Denture out a night + rinse after reinsertion ② Ferritin blood test (FBX, haematinic, glucose) ③ US of tongue. ④ Oral rinse ⑤ If +ve for candida → antifungal ⑥ RV. OMCC ⑦ smoking cessation carried out		
				Thomas Patrick Short BDS MFDS RCPSG GDC: 258249 DCT
5/5/18	PRP	Pt booked with Myself as cancellary in book. → Delivery of student P/A Pt to return to U/G clinic for review + adjustments. → o/c of lab work minor staining on dist. surface of last		

heavy growth
Candida hyphae

ID: 108197100983

HANDPIECE
STRAIGHT
KAVO OLD 127

U.C. KEY60896
706

ACRYLIC
TRIMMER 81L
CROSSCUT-05

ID: 100820100467

U.C. SINO4818-
05

ID: 106812500039

2019-05-01 2019-05-01



Date	Dept	Treatment	Signature	
			Student	Staff
		Denture dislodged in performing		
		→ Fit upper F/ good retention/stability support.		
		Pt. C.O. = severe pain on inserting denture		
		→ Pt. feels pain at posterior sulcus = "those denture cuts going to cut my gums"		
		Pt. has history of "blood bursts" on gums bulosa haemorrhage multiple past ref. to D.M. Pt. has V. xantho manti.		
		- pt. requests multiple adjustments to upper on areas with no direct contact.		
		- Advised. try and wear upper denture gradually build up time + tolerance to wear.		
		Eased upper denture at L + R frontal attachment (Bunt)		
		Pt. then C.O. upper denture has sharp teeth, traumatic buccal mucosa right to bleed.		

Treatment Record

Surname		Forename(s)		Unit Number	
Date	Dept	Treatment	Signature		
			Student	Staff	
		<p>→ Pt to try upon lower denture - Over exercise accounted perching</p> <p>→ Occlusion satisfactory - Retention poor → lack of muscle bulk</p> <p>→ Pt. Immediately report lower denture "these are terrible" "Press are poor fit" - I would have been better with first set of dentures made". - If these were as good as my current denture I would be happy</p> <p>→ Pt is now on 3rd set of F/F dentures since immediate cosmesis 2015/2016</p> <p>Advised pt due to history of difficulty in adapting to dentures</p> <p>→ try wearing upper denture</p>			

Date	Dept	Treatment	Signature	
			Student	Staff
		<p>Increase range t. adapt.</p> <p>Leave lower unrel. upper rel.</p> <p>→ Return to existing denture when possible</p> <p>Pt became very emotional</p> <p>- says "my job is no off"</p> <p>- "Don't care about me"</p> <p>- "Can't believe you would send me off with lower denture"</p> <p>- "I have been waiting 3 years"</p> <p>→ Advised pt due to severe mouth difficult to adapt</p> <p>→ Early adjustments could over reduce denture, focus on upper.</p> <p>- Now states "I can wear uppers even if they shed my gums worried against the."</p> <p>Explained to pt the difficulties in adapting to new F/F → focus on upper.</p> <p>pt responds "I have had dentures since I was 16"</p>		

Treatment Record

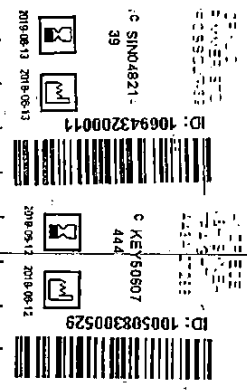
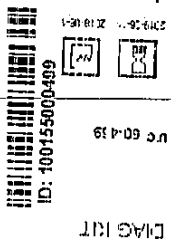
Surname		Forename(s)		Unit Number	
Date	Dept	Treatment	Signature		
			Student	Staff	
		<p>→ Repeated concerns many times</p> <p>Made clear to pt that given past history of dentures intolerance + sensitive mouth it will be very difficult to achieve good outcome.</p> <p>→ can be difficult to adapt as dentures are "two bits" of plastic that aren't supposed to be there</p> <p>pt responds "They are not two bits of plastic they are my life"</p> <p>→ Advised pt Aguris focus on upper then review lower</p> <p>Warned would get bad outcome if denture was complex retainer</p> <p>→ This cannot be offered by NHS.</p> <p>Offered pt further appointments</p>			

Date	Dept	Treatment	Signature	
			Student	Staff
		with myself		
		Pt refused		
		→ Pt wishes to see nice lady dentist who said we can make her better fitting teeth		
		→ Pt to return to U/6 clinic not specialist care.		
		→ Adjustments as required under A+R.		
		→ If problematic return to old P/A.		
7/6/18				
	Oral med			
	Telephone call from GP			
		Amoxicillin + clavulanate C/I with quinine		
		Suggest systemic oral suspension but qds 2 weeks		
18/06/18	Level 6 Main Clinic	<p>RF: Review of F/E.</p> <p>C/O: Pt finds - IF very uncomfortable to wear and can't use them.</p> <p>Some issues with F/E too</p>		

[Signature]
MARTIN

[Signature]
Jennifer Taylor
Consultant
Oral Medicine
GDC No 77723

Continued



Treatment Record

Surname		Forename(s)		Unit Number	
Date	Dept	Treatment	Signature		
			Student	Staff	
18/06/18	Level 6 Main Clinic (continued)	-/F diggins in on buccal sulcus all across lower anterior region and on ridge in I1 area.			
		F1- feels big in upper midline, corner of Calt midline feel sharp of against cheek.			
		pt advised can ease areal but will need time to see how much this helps and if further adjustment is required			
		Discussed possibility of soft/ ret hard retine, but if eating denture not helping enough			
		F1 eased in areas described. pt felt some improvement pt advised to wear old F/F until sore areas settle first pt to then try new F/F again to see if feels further discomfort.			
		Review appointment booked for F/F.			
				A. DAVES/VA. A.L.	

Date	Dept	Treatment	Signature	
			Student	Staff
5/7/18	A/E.	<p>ft clo F/F.</p> <p>① OVER EXTENDED</p> <p>② FACIAL SHAPE full uncomfortable</p> <p>③ Vertical Dimension over extended.</p> <p>occlusion not functioning</p> <p>④ muscle adaptation failing - muscle not coping with slope retention ∴ affected.</p> <p>⑤ recommended new F/F.</p> <p>⑥ good reference point with new dentures part are not successful.</p> <p>⑦ advised pt they need to communicate staff stages to ensure the student/clinician know the size & slope is acceptable.</p>		
				Atkins
26/1/18	Level 6 Pros.	<p>(D) - current denture is a "monstrosity", keeps falling out of mouth, doesn't like the look of it.</p> <p>HPC - hasn't worn since it was delivered in May/June</p> <p>MH - no changes, medication has altered slightly (an additional inhaler) but will bring in prescription</p> <p>DH - has had 3 previous dentures, has been unhappy with appearance / function of all three.</p> <p>TR - primary impressions taken using Imp. compound</p> <p>Nr - master imp w/ special trays.</p>		
				Atkins

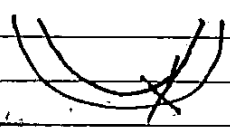


GOODWIN
Jacqueline

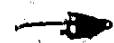
F
23/04/1973

Treatment Record

Surname		Forename(s)		NHS Number	
Date	Dept	Treatment	Signature		
			Student	Staff	
10/10/18	PROS STANDARD D SET-61 VIC 38-61 	CO: no changes MK: no changes Tx: - master impressions taken - special trays modified - using greenstick - upper imp taken in alginate - lower imp taken in RV (imp max) AN - jaw registration using record blocks - may have to do with impression of lever ridge w/ record blocks	 Lisa Anderson 58944		
10/10/18	ONCC DR Taylor	Review Mouth Bleeding CB - Recurrent blood bleeds in throat - monthly HPC - 10 - both - pt credits the bleeding to food feeds - bleeding in mouth as well - pt bursts oral lesions with teeth - pt bursts lesions in throat "by punching throat" - ulceration tabs 1/2 month to last			

Date	Dept	Treatment	Signature	
			Student	Staff
		- Last episode = \approx 2 months ago.		
		- Was unable to represent when lesions were active but was told not able to do so.		
		<u>MH</u> - +propionid - Bactus, clindamycin filidol, fortin		
		<u>SH</u> - 6 to 5 per day - trying = cing.		
		<u>O/E</u>		
		TMJ Nodal		
		Palate BM LM Pony Fem		
		Small area of ulceration lower alveolar ridge		
				
		\approx 2mm \odot No concerning features Tender Correlated with sharp area		

IC.





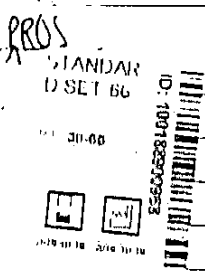
2304738009
 GOODWIN
 Jacqueline
 PLAT 0/1
 38 DOUGRIE DRIVE
 Glasgow, Lanarkshire




Treatment Record

GAD 088

Surname		Forename(s)		Unit Number	
Date	Dept	Treatment	Signature	Student	Staff
		<u>Cont...</u>			
12/12/18	OMCC Dr Taylor	No evidence of blisters/ ulceration today No evidence of candida			
		Reinforced smoking cessation advice Reinforced denture hygiene Reinforced oral inhaler hygiene			
		Advised if symptoms/blisters occur → call into clinic to be seen Dr Taylor gave personal card Advised to attempt photographs of blisters			
		Script for Difflam PRN given → note for GMP.			
		Plan - R/O 12/12 OM - continue with FRP for C/C - Letter GMP TGDP			
24/11/18	PROS	(C) no ulcers present in lower mxl - no changes HPC - ulcers have been present for approx a week, has been using difflam now prescribed from oral med on 10/11/18	(Lewis Glasgow) CT2 OM		



PROS

Date	Dept	Treatment	Signature	
			Student	Staff
		<p>Tx: upper & lower record blocks adjusted to record jaw registration</p> <p>- jetbite used to secure blocks together</p> <p>- Tooth shade & mould provided - B1 (shade)</p> <p>- 204, 202 60/60 mould</p> <p>- Pt warned delivery of denture might be delayed if changes made at both trial - Pt happy w/ this</p> <p>NV - tooth trial</p> <p>- may have to remake upper master imp - look at pt's upper right ridge</p>		
			<p>R. Delany L. A. M. M. S. RDS 4</p>	<p>E. O'Donnell E. O'Donnell C. A. P. R. S. 20/2/58</p>
7/11/18	<p>PROS STANICAR D. SET CB M. 3003</p> 	<p>PROS: Tooth Trial</p> <p>CO - pt suffering from ulcers, is still using difflam as prescribed by Oral Med, is returning to oral med if suffer from another blood blister</p> <p>VCG for following -</p> <p>Tx - wash impression taken of upper record block using medium body PVS</p> <p>- Pt not occluding on lower RMS, teeth removed on RMS & rebuilt with wax to rerecord jaw reg & bite registered w/ jet bite</p> <p>- Pt unhappy with colour of teeth - shade B1 was registered but think lab may have made an error as teeth were much darker. Requested lab to reset teeth to new jaw reg & with shade B1.</p> <p>NV - tooth trial E/E in chosen shade</p>		
			<p>L. A. M. M. S. K. Delany</p>	<p>E. O'Donnell E. O'Donnell C. A. P. R. S. 20/2/58</p>




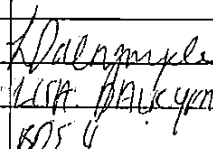
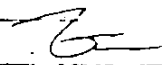
2304736009
 GOODWIN
 Jacqueline
 FLAT 0/1
 38 DOUGRIE DRIVE
 Glasgow, Lanarkshire



Greater Glasgow
 and Clyde

Treatment Record

G46 0BB

Surname		Forename(s)		Unit Number	
Date	Dept	Treatment	Signature		
			Student	Staff	
21/11/18	PROS STANDARD DET-80 NO. 00.00 	CO - no changes NW - no changes Tx - tooth trial - upper & lower trial denture tried & fitted well -> - support/stability/retention - good - nasal labial angle - pt felt was slightly bulky; if required will adjust at delivery, explained it may be adjusted via polishing by lab - midline - coincident upper & lower - good - occlusion - good = happy with new shade NV - delivery - may have to adjust upper anterior flange	 Lisa Parkyn RDS 4	 21/11/18 CCL	
5/12/18	PROS	- Denture Delivery - Tx: upper denture had poor retention & was extended quite high into labial sulcus lower denture wasn't extended completely over remanence pad Tx - upper denture trimmed w/ acrylic bur to relieve labial pressure, however retention			

Date	Dept	Treatment	Signature	
			Student	Staff
		<p>work improved. Decided Pt felt denture was loose so decided to take imp in PVS & rebase the denture</p> <p>- lower denture extended w/ green stick into lingual pouch & retromolar pad</p> <p>- Wash imp taken in PVS & denture to be relined.</p> <p>- Explained to pt she was happy wouldn't get denture until after Xmas but she was happy with this</p>		
16/01/19	<p>CEFR LIC FRANIER POSS CUT 10</p> <p>JC SING4826- 10</p> <p>2020-01-10 2019-01-10</p> <p>HANDPIECE 7&H SYNEZ STRAIGHT 1443A 27196</p> <p>KEY60607 498</p> <p>2020-01-15 2019-01-15</p>	<p>Denture Delivery</p> <p>Tx: Upper denture good retention & stability</p> <p>lower; poor extension - add & stability</p> <p>- Added greenstick to extend beyond retromolar pad region. Wash impression taken in PVS</p> <p>- will send to lab for relino.</p> <p>- Pt understood & today was happy for lower to be relined</p> <p>NT Delivery of Pw/C</p>	<p>Polynya USA</p> <p>overseas</p> <p>Polynya USA BDS4 (from)</p>	

Treatment Record

Surname		Forename(s)		Unit Number	
Date	Dept	Treatment	Signature		
			Student	Staff	
30/01/19	PROSTHODONTICS	<p>Denture delivery</p> <p>To: Delivery of upper & lower complete denture</p> <p>lower had blemish of acrylic which was causing the pt pain. This was removed using an acrylic bur.</p> <p>lower fit was also improved following receive</p> <p>Explained to pt she should take denture away & see how she manages & we will rebone for review in 2 weeks.</p>			
15/02/19	PROSTHODONTICS	<p>Review</p> <p>CC: denture irritating mucosa on LHS due to rough surface</p> <p>- only been able to wear for 2 days because too uncomfortable</p> <p>ex: denture trimmed on LHS using acrylic bur. waxing paste then used & identified rough area on lingual LHS</p>	<p>W. D. M. P. G.</p> <p>LISA DICKINSON ORG 5108</p> <p>BDSK</p>		

Treatment Record

Surname		Forename(s)		Unit Number	
Date	Dept	Treatment	Signature		
			Student	Staff	
13/3/19	Pros	Review			
		CO - pain from UL adjacent to labial frenum - pain from jaws & feels like she is constantly grinding Tx - pressure indicating paste used to identify areas causing discomfort. Trimmed acrylic bar Measured RVD - 65 OVD - 64 FWS = 1mm Explained to pt that now the areas causing discomfort have been adjusted hopefully she should find improvement in overall comfort. NU - Review and see if TMT discomfort improved			
27/3/19		Review			
		CO: pain still present in UL lingual sulcus area & near upper labial frenum - still some HPC: has improved since last visit however still tender		584689 TMT ans	

Date	Dept	Treatment	Signature	
			Student	Staff
	HANDPIECE MSK EX68M 08C10050 UC KEY60607 413 UC SIND481D 63 ACRYL PRIMER PLAIN CUI STD-53	Tx: - pressure indicating paste used to highlight areas which could be causing pain - acrylic burr used to adjust areas on lower left lingual sulcus & lower anterior labial aspect of ridge & upper labial protrusion relieved.		
		TTT Explained to pt that lower lingual sulcus over extension could be causing the denture to displace during function - hopefully TMS pain should resolve however will have review appt to assess		
		MU: Review of upper & lower complete denture	[Signature] [Signature] [Signature]	
2/5/19	Level 6 Postorative	fou on/a 6 fa ulcer lower part of A 90: ulcer labial sulcus under A labially 3mm diameter at edge of A A ce read ++ pt happy Rev 2/5/19 to ensure ulcer resolved.		R.M. Gard
		[Signature]		



2304736009
 GOODWIN
 Jacqueline
 FLAT 0/1
 38 DOUGRIE DRIVE
 Glasgow, Lanarkshire

F
 23/04/1973

G45 9BB

Treatment Record

Surname	Forename(s)	Unit Number
---------	-------------	-------------

Date	Dept	Treatment	Signature	
			Student	Staff
12/6/19	Cos A+E	C/O pain from denture lower left buccal mucosa ulcer A+E instrument (red) very tender area in seat of pt. Pains denture loose CO comfort soft velve review 2 weeks Pt happy	<i>[Signature]</i>	<i>[Signature]</i>
2/2/19	A+E C/O 6 A/S	" low time after bed off no much + heel & per a lining in it No pain but falls back C/O soft lining coming away + denture loose. However well entered good occlusi + low ridge flabby patient said this was the best done. He had had VIO to relief normal temp lining With imp f. the relief. Child job will be the best f. 9/1/19 Would pt be may require else may get ulcers again		<i>[Signature]</i>

Date	Dept	Treatment	Signature	
			Student	Staff
9/7/19	A&E	<p>to fit of CL relines Peri Ulceration resolved on prior alveolar ridge dx: fit of CL relines advised labially in midline & orodistally Pt thinks she will continue to have problems w/ dentures but feel OK today. Pt admitted to return to GDC for routine care Pt Co-ordinator tel no given to pt if pa to attend Oral Medicine clinic in Oct '19</p>		
9/10/19	Oral med	<p>DNA discharge</p>		

R. N. Gault
 Secretary Clerk

JT

Jennifer Taylor
 Consultant
 Oral Medicine
 GDC No 77723

CRYLIC
 RIMMER
 LAIN CUT
 STD-02

HANDPIECE #24
 TREND
 STRAIGHT
 HQ43EM 25033

KEY50770
 294

10660800082

106647400521

SIN04819-02

119-07-03

Trauma and Related Services

Glasgow Dental Hospital & School
378 Sauchiehall Street
GLASGOW G2 3JZ
Telephone: Switchboard 0141 211 9600
Fax: 0141 211 9800

SEDATION SUITE

Direct Dial Secretary: 0141-211-9790

Direct Dial Reception: 0141-211-9787

Our Ref: NR/YB

Chile date: 13.10.08

Dietated: 13.10.08

Typed: 13.10.08

Mr A W MacMillan
Dental Surgeon
358 Carmunnock Road
Glasgow
G4 6JH

Dear Mr MacMillan

JACQUELINE GOODWIN UNIT NO: 65433 DOB: 13.04.73
68 CASTLEMILK DRIVE, GLASGOW G46 9TW

Further to my letter of the 12th July this year this lady had her routine dental treatment completed under intravenous sedation and local anaesthesia on the 12th October this year.

I am therefore returning her to your care for her ongoing routine recall examinations and preventative advice.

I trust that this will be acceptable to you.

Kind regards,

Yours sincerely

DR NIGEL ROBB
HONORARY CONSULTANT

Trauma and Related Services

Glasgow Dental Hospital & School
378 Sauchiehall Street
GLASGOW G2 3JZ
Telephone: Switchboard 0141 211 9600
Fax: 0141 211 9800

Department of Sedation Services
Direct Dial Secretary: 0141-211-9790
Direct Dial Reception: 0141-211-9812

Our Ref: NI/VI

Clinic date: 12.07.05
Dictated: 12.07.05
Typed: 10.07.05

Mr A W MacMillan
Dental Surgeon
355 Carmunnock Road
Glasgow
G44 8HH

Dear Mr MacMillan

JACQUELINE GOODWIN UNIT NO: 654323 DOB: 23.04.73
68 CASTLE MILK DRIVE, GLASGOW G45 9TW

Many thanks for referring this patient to be seen on my Consultant Clinic on the 12th July this year.

We have arranged for her to have a routine dental treatment carried out under Intravenous sedation and local anaesthesia.


I trust that this will be acceptable to you.

Kind regards,

Yours sincerely

Dr Nigel Hobbs
Honorary Consultant

Conscious Sedation Treatment Record


 654323
 Goodwin Jacqueline
 Female 23/04/1973

ASSESSMENT
DATE

PROPOSED
PROCEDURE



Date	History taken (Print)	Yes	No
12/07/09	OP/1000		<input checked="" type="checkbox"/>
1	Do you have a history of heart murmur, heart disease or cardiac surgery?		<input checked="" type="checkbox"/>
2	Do you suffer from asthma or other form of chest disease? <i>with controlled</i>	<input checked="" type="checkbox"/>	
3	Have you ever had a general anaesthetic or sedation before? <i>Washed up & Keltan</i>	<input checked="" type="checkbox"/>	
4	Have you had any problems with any previous general anaesthetic or sedation?		<input checked="" type="checkbox"/>
5	Is there any family history of problems with general anaesthetic or sedation?		<input checked="" type="checkbox"/>
6	Are you taking any prescribed medicines (tablets, creams, ointments or inhalers)? <i>sublingual nitrate, oral doxycycline, chlorhexidine</i>	<input checked="" type="checkbox"/>	
7	Are you allergic to any medicines, foods or other substances?		<input checked="" type="checkbox"/>
8	Have you suffered from hepatitis or jaundice?		<input checked="" type="checkbox"/>
9	Do you suffer from epilepsy or regular faints?		<input checked="" type="checkbox"/>
10	Have you ever suffered from rheumatic fever?		<input checked="" type="checkbox"/>
11	Do you suffer from diabetes?		<input checked="" type="checkbox"/>
12	Have you had steroid medication within the last two years? <i>inhalers, 2 hand cream</i>	<input checked="" type="checkbox"/>	
13	Have you had episodes of spontaneous bleeding or prolonged bleeding after surgery?		<input checked="" type="checkbox"/>
14	Have you ever been in hospital?		<input checked="" type="checkbox"/>
15	Are you currently attending a doctor, hospital or other specialist? <i>GP</i>	<input checked="" type="checkbox"/>	
16	Is there any matter not covered above that you feel we should know?		<input checked="" type="checkbox"/>

Further Details

I believe the above information to be correct

Signature

Jacqueline Goodwin

Relationship to patient

self

Clinical History, Examination and Diagnosis

History and Examination

Rt CO - holes in front teeth
Some sensitivity.

1/E - no signs of acute infection

- carries as charted $\frac{211123}{C O C O L}$

- gingival inflammation where plaque deposits noted. (generalized)

Proposed Procedure

Inv. - Radiographs requested

- carries does not appear to extend into pulp

Discussed w pt. that although lesion on the radiograph does not appear to extend into pulp

Consent

I, JACQUANE GOODWIN hereby consent to the procedures described below which have been explained to me by R. S. FRENCH (Surgeon)

1. The administration of Conscious Sedation by Inhalation or Intravenous injection and
2. The following procedure:-

fillings on front lower teeth +/- root treatment

I also consent to such further or alternative operative procedures as may be found to be necessary during the operation and to the administration of medications necessary for the purpose of this operation. No assurance has been given to me that the operation will be performed by a particular surgeon. Alternatives have been fully discussed.

Date: 12/7/75 Signed: J. Goodwin
Relationship to patient: self

I confirm that I have explained the nature and effect of the above procedure to the person who has signed this consent document.

Special warnings given: _____

Signed: [Signature]

Assessment Checklist

Pre-op instruction leaflet	<input type="checkbox"/>	Accompaniment explained	<input type="checkbox"/>	BP	<input type="text"/>
Pre-op eating and medication explained	<input type="checkbox"/>	EMLA/Amctop	<input type="checkbox"/>	Weight	<input type="text"/> kg
					if required

DATE AND TIME OF SURGERY _____

Pre-op Checklist

Date 12 / 10 / 05

Accompanied

BP

132/11

Medical history unchanged

Pre-op instructions reinforced

Emergency checklist

Cannula site

Distum of heart

placed by

C. Williams

Sedation

Drug - Midazolam 10mg/5ml

Sedationist

C. Williams

Titrated to final dose of -

8mg

Additional increments -

Sedation Start Time -

10:47

Surgery Start Time -

11:04

Surgery Finish Time -

12:40 pm

Monitoring

(optional if 3rd person present)

Minutes	Pre-Sedation	Post-Sedation	10	20	30	40	50	60
SpO ₂	<u>100</u>		<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Pulse	<u>101</u>		<u>96</u>	<u>93</u>	<u>101</u>	<u>93</u>	<u>91</u>	<u>85</u>

70 80 90 100 110
100 100 100 100 100
91 93 86 83 87


O₂ Given

Start Time

Finish Time

Flow Rate

Nurse's Signature



Operation Note

2x 2% Lignospon 1:80,000 Adrenaline

12 - cervical + mesial } restored composite A3
11 - cervical + mesial }
31 - cervical }
33 - cervical + mesial }

Signature [Signature]

Discharge Drugs -

1x cigarettes

Discharge Criteria

BP 124/80

Pulse 87

Cannula removed

Post-op Instructions

Fit for discharge

Review Appt. ___/___/___
DATE TIME

Discharge Time 12.45

Discharged By [Signature]

Signature [Signature]

Review Appointment

Date ___/___/___

Signature _____

DATE OF EXAMINATION

SURNAME

REGISTRATION NUMBER

UNIT NUMBER

REPORTED BY

OPERATOR

RELEVANT MEDICAL DISEASES AND DRUGS

PRIOR COMPLAINTE

DECIDUOUS

TOOTH MISSING	0	7	0	0	4	3	2	1	1	2	3	4	5	6	7	8
	0	7	0	0	4	3	2	1	1	2	3	4	5	6	7	8

RESTORATIONS

PERMANENT	0	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
VENEERS	0	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

TREATMENT PLAN AUTHORIZED BY:

DATE

UNRESTORED

ORAL

INADEQUATE

HYGIENE

ADEQUATE

PERIODONTAL

CONDITION

TREATMENT COMPLETE

TO RETURN ON:

CHECKED BY

DATE

DATE

COMMENTS

DEPARTMENT OF CONSERVATION

Andrew P. Kenny D.D.S.
Allan W. McMillan D.D.S.
AND ASSOCIATES

Dental Surgeons

6011 323
HPDOW
885 CARMUNNOCK ROAD,
GLASGOW G14 6HH,
Tel: 0141 894 8008

5/4/05

Dear Sir/Madam

Ms JACQUELINE GOODWIN,

UNIT NO. 654323.

O.O.B. 23/4/73.

68 CASTLEMILK DRIVE,

GLASGOW,

G45 9TW

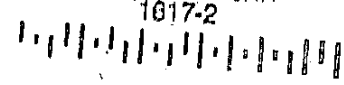
I would be grateful if the patient named above could be seen to assess the restorative requirements of the lower anterior teeth as per your letter of 15/2/05. Yours sincerely

Am

Am

RECEIPT OF LETTER	12 APR 2005
UNIT NO	
MENT SENT	

MR A W McMILLAN, D.D.S.
885 Carmunnock Road, Croftfoot
Glasgow G14 6HH
1617-2



→ Seal
[Signature]

Trauma & Related Services

Glasgow Dental Hospital & School
378 Sauchiehall Street, Glasgow, G2 3JZ
Switchboard: 0141-211-9600
Fax: 0141-211-9800

SEDATION SUITE

Direct Dial Secretary: 0141-211-9780
Direct Dial Reception: 0141-211-9787

Our ref: NDR/mhb

Issue date: 15 February 2005
Dated: 15 February 2005
Typed: 16 February 2005

Mr A W McMillan
Dental Surgeon
355 Carmunnock Road
Glasgow
G44 3JH

Dear Mr McMillan

Re: Jacqueline Goodwin - Unit No: 654323 - DoB: 23 04 73
68 Castlemilk Drive, Glasgow

Many thanks for referring this patient who was originally seen on the Sedation Unit on the 11th of January this year.

On the 11th of January the 16, 23, 26 were extracted under intravenous sedation and local anaesthesia.

An appointment was made to assess the restorative requirements of the lower anterior teeth but unfortunately the patient failed to attend for this appointment.

I will thus be not sending out any further appointments in line with our departmental policy unless we are specifically asked to do.


I am sorry we cannot be of more help in this case.

Kind regards,

Yours sincerely,

Dr Nigel Robb
Honorary Consultant

Conscious Sedation Treatment Record


 * 054323 *
 Goodwin Jacqueline
 Female 83/04/1973

ASSESSMENT
DATE

PROPOSED
PROCEDURE



Date	History taken (Pain)	Yes	No
1.1.2016	0.5mg		<input checked="" type="checkbox"/>
1. Do you have a history of heart disease, stroke, or cardiac surgery?			<input checked="" type="checkbox"/>
2. Do you suffer from asthma or other chest disease?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had any dental or other dental procedures?	Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Have you had any problems with a general anaesthetic or sedation?			<input checked="" type="checkbox"/>
5. Is there any family history of general anaesthetics or sedation?			<input checked="" type="checkbox"/>
6. Are you taking any prescribed or over-the-counter drugs, ointments or inhalers?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Are you allergic to any medicines, foods or other substances?			<input checked="" type="checkbox"/>
8. Have you suffered from hepatitis or jaundice?			<input checked="" type="checkbox"/>
9. Do you suffer from epilepsy or regular faints?			<input checked="" type="checkbox"/>
10. Have you ever suffered from rheumatic fever?			<input checked="" type="checkbox"/>
11. Do you suffer from diabetes?	Being tested.		<input checked="" type="checkbox"/>
12. Have you had steroid medication within the last two years?	steroid cream for hands	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. Have you had episodes of spontaneous bleeding or prolonged bleeding after surgery?			<input checked="" type="checkbox"/>
14. Have you ever been in hospital?			<input checked="" type="checkbox"/>
15. Are you currently attending a doctor, hospital or other specialist?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Is there any matter not covered above that you feel we should know?			<input checked="" type="checkbox"/>

Further Details

0.5mg
 left hand
 0.5mg

I believe the above information to be correct

Signature

J. Goodwin

Relationship to patient

Self

Clinical History, Examination and Diagnosis

History and Examination

Caries throughout mouth.

Proposed Procedure

Full upper clearance (015x6)

Can 4 ↔ 4 if possible.

Consent

I, ACQUILINE GOODWIN hereby consent to the procedures described below which have been explained to me by MOEVA SINGH (Surgeon)

1. The administration of Conscious Sedation by inhalation or intravenous injection and
2. The following procedure:-

Removal of remaining teeth + fix ret.

I also consent to such further or alternative operative procedures as may be found to be necessary during the operation and to the administration of medications necessary for the purpose of this operation. No assurance has been given to me that the operation will be performed by a particular surgeon. Alternatives have been fully discussed.

Date 11/1/05

Signed

x J Goodwin
self

Relationship to patient

I declare that I have explained the nature and effect of the above procedure to the person who has signed this consent

Moeva Singh
Surgeon

Assessment Checklist

Local Anesthetic Patient



Accompaniment explained



BP

122/72

Oral Care and
Caries Treatment



BMLA / Ametop



Weight

 kg

if required

Dr. J. Goodwin

Pre-op Checklist

Date 11 / 1 / 20

Accompanied BP 100/70
 Medical history unchanged Pre-op instructions reinforced Emergency checklist
 Cannula site Distal arm of left arm placed by: VARCO BASHIR

Sedation

Sedationist Tamir Bashir Drug Midazolam 10mg/5ml
 Titrated to final dose of - 8mg
 Additional increments - _____

Sedation Start Time - 9.45
 Surgery Start Time - 10.00
 Surgery Finish Time - 10.18

Monitoring

(optional if 3rd person present)

Minutes	Pre-Sedation	Post-Sedation	10	20	30	40	50	60
SpO ₂	100		100	100	100			
Pulse	112		113	118	120			

O₂ Given Start Time Finish Time

Flow Rate

Nurse's Signature _____

Operation Note

3 1/4 x 2-2nd 2Y. ligatures + 11-80 (NO) NYL - surgical suture
& placed

- suture used for C/S

- KIA of C/S

- upper immediate denture (finished) (put in)

placed v. computerized (for procedure) Signature Carol Basak

Discharge Drugs -

Discharge Criteria

BP

137/77

Pulse

65

Cannula removed

Post-op Instructions

Fit for discharge

Review Appt.

____/____/____

DATE

____/____

TIME

Discharge Time

10:40

Discharged By

J. Tomney Signature J. Tomney

Review Appointment

Date ____/____/____

Signature _____

Andrew P. Kenny B.D.S.
Allan W. McMillan B.D.S.
AND ASSOCIATES

Dental Surgeons

654 323 NP
355 CARMUNNOCK ROAD,
GLASGOW G44 5HH.
Tel: 0141 634 2905

16/3/04

Dear Sir/Madam,

Ms CINCQUELINE COOOWIN
68 CASTLEMILK DRIVE
FLAT 3/1.

GLASGOW

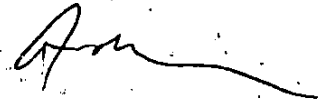
G 45 9TW

0 0 3 23/4/78

DATE OF LETTER	18 MAR 2004
	Revised 18/3

The patients named above requires upper clearance and
conservation work lower anterior and midlines sedation as
anaesthesia. It would be grateful if she could be seen to be assessed
and treatment carried out. Many thanks.

Yours faithfully



MR. A. W. McMILLAN, B.D.S.
355 Carmunnock Road, Croftfoot
Glasgow G44 5HH
1617-2



SURNAME



654323

CONSULTANT

Goodwin Jacqueline

DATE

Female 23/04/1973

27/10/04

C/O: Patient states that orthodontic work is required and is in pain
border of the tooth.

History: Anterior (lower) is sensitive to cold air. Started within
last six months. Pain goes away after removal
of stimulus.

Upper left: started yesterday, accompanied with bad taste.
Pain is constant.

Pain has been relieved with Anadin Ultra.

Pain is widespread in mouth.

Face has been swollen before (around upper lip; right hand side.)

PMH: CVS: RF°, valvular°, High blood Pressure°

Respiratory: Asthma

CNS: epilepsy°, fainting°

~~GI~~ GIT: Jaundice°, Hep°, stomach°

LUT:

Musculo skeletal

Allergies latex

Blood

Hospitalised ^{surgically} on tons. (no complications)

(current) Medication: Serenquel (Quetiapine) 150mg

Lofepramine

Saltamint

DEPARTMENT OF ORAL SURGERY

PIDH Registered with GDFP in March.

Brushes 1x daily

Fluoride toothpaste

No floss

Wears upper partial denture.

SA: ♀ 31

Smoker: x10 day.

Alcohol: ~~occasionally~~ occasionally

Unemployed

E/O: Nodules 1°

TMJ 1°

I/O: Soft tissues 1°

Tongue 1°

Palate 1°

Caries

6	5	6
4.3.1 12.11.14		

PT requested sedation for all RCT.

would sedation please advised this patient.

Re plan: 1. Full crown and upper - 5 | 55.

2. cons 4-7-14 if response.

PT's own GDFP was made on 11/11/14.

THOMAS S. CAHILL

THE GLASGOW DENTAL HOSPITAL AND SCHOOL



654323

DATE OF EXAMINATION

SURNAME

OFFICIAL

Goodwin Jacqueline

REFERRED BY

OPERATOR

Female 23/04/1973

RELEVANT MEDICAL OR DENTAL HISTORY

PRESENT COMPLAINT

DATE

TEETH

MISSING

RESTORATIONS

PRESENT

0	7	0	0	4	3	2	1	1	2	3	4	5	6	7	8
0	7	0	0	4	3	2	1	1	2	3	4	5	6	7	8
0	7	0	5	4	3	2	1	1	2	3	4	5	6	7	8
0	7	8	5	4	3	2	1	1	2	3	4	5	6	7	8

TREATMENT PLAN AUTHORISED BY:

DATE

ORAL

INADEQUATE

HYGIENE

ADEQUATE

PERIODONTAL

CONDITION

TREATMENT COMPLETE

TO RETURN ON:-

CHECKED BY

DATE

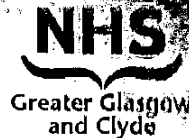
DATE

COMMENTS

DEPARTMENT OF CONSERVATION


Box Number:

Glasgow Dental Hospital



Lab Number:

Case Note Lab



2304736009
GOODWIN
Jacqueline 23/04/197
Flat 0/1
38 Dougrie Drive
Glasgow, Lanarkshire
G45 9B

Restorative Dentistry

Consultant: **DICKIE** Date of Examination: **17/12/24**

Clinician: _____ Date: **17/12/24**

UNIT:

ENDO		PERIO		FRP	<input checked="" type="checkbox"/>
------	--	-------	--	-----	-------------------------------------

History:

RFA - Unable to wear upper + lower dentures.

REF by - GDP.

CO - New dentures - not fitting.

MPC - Pt happy w/ aesthetics

- But unretentive.

- discomfort - on gums - Angina Bullosa

- Made by GDP - ~~Ref~~ Dec 23 / Jan 24.

- Wearing older set - slightly more comfortable.

- Approx 5-10 yrs old - made in GDMES - student clinic

PMH - HBP

- COPD

- Arthritis - hands

- Depression + Anxiety

- Meds - include Pt unable to

p. recall to bring copy of prescription to follow up appts

Department of Restorative Dentistry

EXAMINATION

R								L								
																Mobility
																Pockets
																Restorations
																Restorations
																Pockets
																Mobility

BPE

/	/	/
/	/	/

PDM - Registered w/ GDP

- Hands 6/12

- ~~Wears~~ Wears upper denture overnight.

- Cleans 1-2x daily.

SM - ex-smoker

- quit 2 1/2 yrs ago.

- up to 20 cpd.

- Vapes - Alcohol - special occasions.

- Retired.

EO

- Unilateral click on closing on LHS

- Man - Nil

I/O

- ST - Nil

- ~~keratosis~~ keratosis on 34 area.

- \uparrow ridge - flabby anteriorly

- reduced labial sulcus depth

- right tuberosity flabby

- \downarrow ridge - 36 amalgam tattoo

- reduced buccal sulcus LHR

flabby anterior ridge - atrophic posteriorly



2304736009
 GOODWIN
 Jacqueline
 Flat 0/1
 38 Dougrie Drive
 Glasgow, Lanarkshire

F
 23/04/1973

Treatment Record

G45 98811 Number

Surname: _____ Forename(s): _____

Date	Dept.	Treatment	Signature	
			Student	Staff
17/12/24	complete ↑	denture - new - poor retention, poor stability - poorly adapted anteriorly - overext on posteriorly - under ext on palate		
	complete ↓	denture - ^{new} rebro - under ext [↑] molar pad - over ext buccal + labially - poor stability, poor retention - retention good occlusion - OVD reduced slightly		
	complete ↑	denture - old - improved retention + stability		
	complete ↓	denture - old - bulky flanges - poor retention + stability - occlusion - good		

Dr / problem ^{with} denture

- ① Unretentive upper + lower dentures.
- ② Flabby ridges + instability.
- ③ Reduced OVD

Plan

Ref to Mr Ali Puri W/L for new

✓ C/Cs - w/ master impressions

+ slight increase in OVD
 + appropriate extension (sulcus & vibrating line)

P.T.O.

815 17/17
 2215 3117
 516 1418
 1916
 317



2304736009
 GOODWIN
 Jacqueline
 Flat 0/1
 38 Dougrie Drive
 Glasgow, Lanarkshire

F
 23/04/1975

Date	Dept	Treatment	G45 98B nature	
			Student	Staff
		Letter to GGP		
		NV - Primary imp	<i>[Signature]</i>	
			DIURIC	
5/25	FRP	BEA - 1 imp FIF PCO - nil.		
		MH - propranolol - deep panic attacks famotidine - stomach / GORD esomeprazole - GORD amixibipylis - stomach ranitidil - RA Steroid inhaler - daily - trimecort salbutamol - not using more often just now Quetiapine Lofepramine - antidepressant		COPD
		O/E - flabby ridge @ tuberosity + anterior flabby ridge lower anterior		
		Small nodule buccal to 3rd molar area non tender. Slightly harder than gingiva - pt aware - says sometimes tender. Pt not aware of any RR. Is no rock on referral or up to date on system? ? healed sinus?		
		Pt happy w/ shade existing set + mould		
		Advised pt upper she has w/ today fits well - pt has no issue w/ upper just lower. Advised lower dentures are always difficult. We will do our best but need low expectations.		

FPO-3



2304730000

GOODWIN

Jacqueline

Flat 0/1

30 Douglas Drive
Glasgow, Lanarkshire

23/04/1975

NHS

Greater Glasgow
and Clyde

Treatment Record

G48 0BE

Surname		Forename(s)		Unit Number	
Date	Dept	Treatment	Signature		
			Student	Staff	
8.15.125	FRP	<p>Aim for lower & some stability to allow function. Unit be retentive like the upper</p> <p>Part of getting used to new dentures & pt adapting - control w/ soft tissues Learning curve to dough K.I.</p> <p>Pt and I agree BI closest shade to existing upper Sto Low w/Car.</p> <p>Tx - alginate taken in stock trays ↑ ↓ of the existing RPA's. Dentures to copy mould.</p> <ul style="list-style-type: none"> - ↑ 1° imp alginate stock tray - ↓ 1° imp pitth in stock tray <p>Pt aware difficulties w/ remaining ridges</p> <p>TCA - 2° imp marked extensions on upper for special trays and marked flabby ridge areas for perforations OVS to increase slightly Silicone.</p> <p>H. McVaughl SpD HAMISH McVAUGHAN</p>			
22/5/25	FRP	<p>RPA - 2° imp FIF</p> <p>Pco - bridge in 2 sets of dentures</p> <p>Pt says lower Stc was in bits great w/ fitting. The other lower has not enough gum so fell out after 30 mins w/ frature</p> <p>Advised pt the "amount of gum" will be dictated by the oral tissues. The denture w/ what pt describes as correct amount of gum is overextended i.e. too much gum. Advised pt have want be thick.</p>			



2304736009
 GOODWIN
 Jacqueline
 Flat 0/1
 38 Dougie Drive
 Glasgow, Lanarkshire

F
 23/04/1973

Date	Dept	G45 9BE Treatment	Signature	
			Student	Staff
22/5/15	FRP cont.	<p>amount of gum as lack of sulcus for it so don't expect this on new denture</p> <p>Advised ↓ denture will be very flabby as lack of ridge / flabby ridge / sulcus depth</p> <p>O/E - no changes</p> <p>Tx :</p> <ul style="list-style-type: none"> - adjusted lower tray overextended green stick to retro molar areas 2nd imp in medium body silicone - adjusted upper tray overextensions green stick to tuberosity + post dam region 2nd imp in medium body silicone <p>TCA - bite reg ? 2nd imp lower again? - placed a bit higher?</p> <p>H. Mansfield SpD HAMILTON MISHAVETON</p>		
5/6/15	FRP cont.	<p>RFA - wax reg</p> <p>P/O - sore area lower anterior - says always something has to be done</p> <p>O/E - nil to see lower anterior flabby ridge base + tender to touch buccal but no ulcers etc.</p> <p>Tx - upper rim - lip support and tooth show</p> <ul style="list-style-type: none"> - centre lip + canine lines - smile line marked - buccal corridors - ala trigon + inter-pillary line 		

FTO →

Treatment Record



2304730000
GOODWIN
Jacqueline
Flat 0/1
38 Dougie Drive
Glasgow, Lanarkshire

23/04/1973

It Number

G45 9BE

Signature

Student

Staff

Surname		Forename(s)	
Date	Dept.	Treatment	Signature
23/4/73	FRP	<p>Lower - significant adjustment needed to reduce overextensions</p> <p>- still some spring but pt has fleshy ridge</p> <p>- adjusted to comfortable OVD that looks reasonable</p> <p>- lower centric marked</p> <p>- pt comfortable</p> <p>Class I - explained OS is what we want</p> <p>BI chosen by pt.</p> <p>Bite paste + notches to locate wires</p> <p>Aim for lower is some stability - difficult</p> <p>TCA - try is...</p> <p>- lower sitting nice?</p>	<p>H. M. ...</p> <p>...</p>
17/6/73	FRP	<p>RFA - try is -</p> <p>PC - nil</p> <p>MH - no change</p> <p>O/C - no change</p> <p>Txx - ↑ - good retention & stability for work</p> <p>- pt happy w/ appearance - stable & moulded</p> <p>↓ - lifts @</p> <p>- overextended</p> <p>- incisors set too far back</p> <p>- trimmed wax - removed 21112</p> <p>- functional on p w lower incisor to guide set up</p>	<p>...</p>

Treatment Record

Surname		Forename(s)		Unit Number	
Date	Dept	Treatment	Signature		
			Student	Staff	
3/17/18	FRP cont.	<p>Advanced pt bounce will always occur due to felly ridge I & arch especially but also upper lower arch very little support from tissues.</p> <p>Success will be dependent on pt controlling direction of lips / cheeks / tongue.</p> <p>Fracture likely needed + not to be seen as a negative</p> <p>Pt mentions (as has done at previous apps) that last dentures didn't have enough gum on them to keep them in -> explained can only have as much gum as there is space for - due to shallow sulcus there isn't a lot of space.</p> <p>TCA - re my new wax models.</p>			
					M. McHughen SpD HAMISH MURPHY
17/11/18	FRP	<p>RFA - lab want re req they are now happy w/ models from work imp.</p> <p>PCO - mt.</p> <p>O/E - no change</p> <p>Tx - bite reg - upper block - vertical show ✓ - cant corrected. - smile line, centre line + centric line marks. - buccal corridors ✓. - facial guide plane used</p> <p>- lower block - turned slightly - reduced to make OVD for lastly - pt feels overclosed</p>			



2304736009

GOODWIN

Jacquellno

23/04/197

Flat 0/1

38 Dougrie Drive

Glasgow, Lanarkshire

G48 9B

Treatment Record

Surname		Forename(s)		Unit Number
Date	Dept	Treatment	Signature	
			Student	Staff
31/12/15	FRP	will need to learn to control protruding mandible roll tongue to back. need to learn to control lower lip cheeks tongue		
		A wishes to proceed to ft. aware limited changes possible beyond this stage.		
		RFA - ft.		
		is occlusion even? RUS heavy? bite? some buccal 3rd molar?		
			H. MURRAY SpD	HANISH MURRAY
14/8/15	FRP	RFA - ft FIF PLC - ulcer TQ		
		↳ advised this may make fitting new dentures difficult as may be tender		
		OTC - ulcer T45 region as pt described.		
		Tx - upper - good retention + stability pt happy w/ appearance + feels comfortable		
		lower - stable retention suboptimal as expected ↳ advised key is learning to control lip, tongue, cheeks		
		over extended labial - adjusted.		
		ft feels tender 2nd region buccal - adjust		PTC

Date	Dept	Treatment	Signature	
			Student	Staff
14/8/25	FAP cont.	A happy w/ appearance 1+6.		
		occlusion - RHS heavier - adjusted now even L&R bite 1/23 as at trial 1/23		
		Advised ulcers common w/ new dentures → let heal first wear 24 hours before next app! so can see where to adjust		
		Remove at night Clean w/ soap, water, brush No TP or abrasive. No Stent as factor pain. Clean mouth Build up from soft to firmer food. Will take time to get used to 1. Learning new dentures in 2 eating w/ new dentures 3 speaking w/ new dentures		
		Need to bite on posterior L&R to balance Don't bite into food w/ anterior as will tip. Break food up & we back teeth.		
		Fixed dent useful for lower - don't see as negative		
		TUS - review 28/8/25	2pm	
				H. Malan for JD HAMISH MERRISON
28/8/25	FAP	RFA - denture review. PCO - pressure RHS when biting sore Q1 LHS great. only wore for 2 days then put back in again. for past 2 days as well eating ch - uses lower for for eating but otherwise prefers it without fix. sore lower ant.		PTD

Treatment Record

Surname		Forename(s)		Unit Number
Date	Dept	Treatment	Signature	
			Student	Staff
28/1/15	PRP cad.	O/E - small gum redness lower anterior - heavier bite R+L than L+R. - no over-extension (S)		
		Trx - pick up w/PSI paste anterior - pt comfortable	- adjusted lower	
		bite adjusted w/PSI wax ↳ now more even R+L. pt feels improvement but aware still tender (S) pt thinks tender still as gum already irritated.		
		the pt says tender (S) - nil obvious w/PSI paste. Minimal adjustment + pt says better.		
		pt + I agree see how goes from here will take time - only worn for 4 days so far balance between getting sore L+R local + preserving w/ trying to keep dentures in.		
		TIA - 11/9/15 review again		
			M. McLaughlin SpD HAMSH...	
11/9/15	FAP	RFA - review P/O - pain/ulcer in anterior pain worse eating R+L. Has been wearing daily. O/E - ulcer lower central region in sulcus buccally - no other ST lesions - heavier occlusion R+L than L+L remains - says cause of R+L pain.		
				Pro-2

Date	Dept	Treatment	Signature	
			Student	Staff
11/19/25	FRP cont.	<p>Tx - PSE to pick up ulcer - adjusted lower lature to accommodate sore area. Pt says now feels fix & anterior low new pt feels like gum catches over the denture TQ - ligually.</p> <p>Nil to see here. Pt doesn't think there is anything I can do as it is her gum not "denture gum" so we agree to monitor</p> <p>- adjusted bite R/S until more even w/ L/S</p> <p>Pt says feels more comfortable now</p> <p>See how get on</p> <p>TRP TCA - review again 2/52.</p> <p>H. straighten SpD HARMISHI manAURon</p>		
11/19/25	FRP.	<p>RFA - review dentures.</p> <p>PCO - sore lower anterior - otherwise fix much better than Kae since last app. vsing fixative lower - can eat much better now since last adjustment</p> <p>MU - no change</p> <p>O/E - ulcer buccal sulcus lower by 2/7 no other soft tissues obvious.</p> <p>Tx - PSE pick up then adjusted w/ acrylic bar - pt feels better now. - polished acrylic. - new pt says tender TQ - can see small traumatic area TQ ligual ridge near T6 region adjusted.</p> <p>We agree to see how things go Will take time for sore</p>		

Medical History Form

Glasgow Dental Hospital



Greater Glasgow
and Clyde

Your details.

Preferred contact number:

Name:

JACQUELINE GOODWIN

07434851052

Email address:

jacqu.gdwin@yahoo.co.uk

Preferred pronouns (optional) please circle: she / her / he / him / they / them / other:

Date of birth:

23/04/1973

Doctor's name and address:

DR M'EVINNEY 44 CROFTFOOT RD, GLASGOW, G44 5JT

Dentist's name and address:

KINGSCROFT DENTAL PRACTICE 355 CARMUNDOCK RD G44 5HH

The following questions help us to understand your current and past medical health. They will allow us to make sure that your treatment is safe for you, and that it is personal to you. We will discuss your answers at your consultation. We will keep any information you give us confidential.

Medications (if you answer yes, please provide more details)

Do you take any regular medications?

Yes No

Do you take any non-prescription medications or supplements?

Yes No

Do you have any allergies?

Yes No

Further Information (you can attach or bring a repeat prescription if you take a lot of medication):

Medical conditions

(if you answer yes, please provide more details)

Do you have problems with your heart?

(e.g. high blood pressure, heart attack, angina; stroke)

Yes No

Do you have any bleeding issues? (e.g. prolonged bleeding after surgery)

Yes No

Do you have problems with your breathing? (e.g. asthma or COPD)

Yes No

Do you have problems with your bowels? (e.g. IBS, Crohn's disease)

Yes No

Do you have problems with your kidneys?

Yes No

Do you have problems with your muscles or joints? (e.g. arthritis, fibromyalgia)

Yes No

Do you have diabetes?

Yes No

Do you have any neurological problems?

(e.g. headaches, numbness, dizziness, epilepsy)

Yes No

Do you have any problems with your mental health? (e.g. depression or anxiety)

Yes No

Are you currently pregnant or breastfeeding?

Yes No

Further Information:

HIGH BLOOD PRESSURE - PRESCRIBED RAMIPRIL

COPD - INHALER - DEPRESSION, ANXIETY, PERSONALITY DISORDER - REGULAR PRESCRIBED MEDICIN

Do you consider yourself to have a disability? Yes No

If yes, do you have a designated carer? Yes No

Are you neurodiverse? Either diagnosed or self-identify (e.g. Autism, ADHD, Dyslexia, Sensory processing disorder etc.) Yes No

If yes, please include any useful further information or support that you feel may be helpful.

Further Information:

Do you have any other conditions or health concerns that you think we should know about? Yes No

Further Information:

Your social situation

Do you drink any alcohol? Yes No

Do you use any tobacco or nicotine products? (e.g. smoke, vape, chewing tobacco) Yes No

Do you require any additional support at your appointment? (e.g. wheelchair access, interpreter, communication aids) Yes No

Further Information:

Your appointment

We encourage our patients to ask questions. It may be useful to spend some time before your consultation thinking about why you have been referred to us, and what you hope to get out of the appointment. If we offer any tests or procedures, it is useful to think about the "BRAN" questions:

B – What are the benefits of this test or procedure?




R – What are the risks of this test or procedure?

A – Are there any alternatives?

N – What if I do nothing?

You can note down anything you feel you need to remember or want to ask at your appointment in the space below:

If you would like any more information about how to use the BRAN questions and how to prepare for your appointment, please follow the links below:

<p>It's OK to Ask</p> 	<p>Realistic Medicine Scotland</p> 	<p>About Choosing Wisely UK</p> 
---	--	---

Oral rinse

Time Collected 29-May-2018 11:54 Time Received 29-May-2018 16:29
Time Reported 31-May-2018 16:38 Order Number M.18.1515596.K
Status Final Source System Telepath

Microbiology

Report issued by NHS GG&C Microbiology North Sector
Enquiries 0141 201 8551

Final

** FINAL REPORT **

INVESTIGATION: Routine Culture
SPECIMEN TYPE: Oral rinse
Oro-pharynx

CONS/GP: Dr Jennifer Taylor Order No:LVH2C7
LOCATION: Glasgow Dental Hospital

CULTURE RESULT:

- a)Candida tropicalis
- b)Candida albicans
- c)
- d)
- e)
- f)

GROWTH:
Heavy
Moderate

Oral C.albicans isolates are usually sensitive to first-line anti-fungal agents such as nystatin, miconazole, fluconazole or itraconazole.

Tests included in UKAS Accreditation (8078) Scope.

Senders ref. no.

Authorised by: Dr. Mairi MacLeod
Date/Time authorised: 31.05.2018 16:37

** END OF REPORT **

Patient / Specimen details

GOODWIN JACQUELINE
38 DOUGRIE DRIVE
FLAT0/1 G45 9BB
CHI/Hosp. No. 2304736009 2304736009

D.O.B. 23.04.1973
Sex F

Cons/GP Dr Jennifer Taylor
Loc. Glasgow Dental Hospital
Coll'd 13.12.2017 09:30
Rec'd 13.12.2017 16:46
Senders ref. No.

Routine Culture Order No. LS1MG2
Oral rinse

Copy to:
Glasgow Dental Hospital

* FINAL REPORT *

RETURN RESULTS

- a) Candida albicans
- b) Candida tropicalis 1
- c)
- d)
- e)
- f)

GROWTH:
Isolated
Isolated

Oral C.albicans isolates are usually sensitive to first-line anti-fungal agents such as nystatin, miconazole, fluconazole or itraconazole.

Tests included in UKAS Accreditation (8078) Scope.

RECEIVED 7 8 DEC 2017

Patient Statement: Accepted Declined

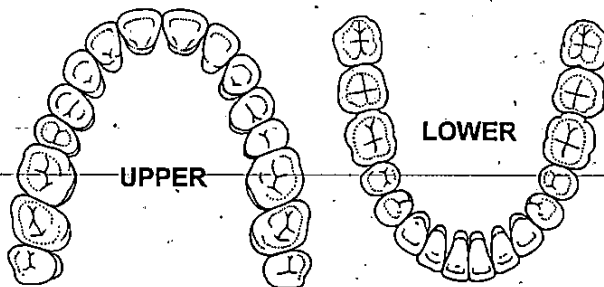


2304736009
 GOODWIN F
 Jacqueline 23/04/1973
 FLAT 0/1
 38 DOUGRIE DRIVE
 Glasgow, Lanarkshire
 G45 9BB

Treatment <i>relieve R/F</i>	Clinician <i>W. Kelly</i>	Team <i>07</i>
Date Commenced <i>2/1/19</i>	Supervisor	Lab Number <i>507</i>

Stage:	Disinfected: Y N	Date	Time	Clinic	Lab
<i>relieve - IF</i>	<i>Y</i>	<i>9/1/19</i>	<i>9am</i>	<i>A11</i>	<i>[Signature]</i>
<i>plate relive - IF</i>					
Stage:	Disinfected: Y N	Date	Time	Clinic	Lab
Stage:	Disinfected: Y N	Date	Time	Clinic	Lab
Stage:	Disinfected: Y N	Date	Time	Clinic	Lab
U/ANT	L/ANT	L/POST	U/POST		
Stage:	Disinfected: Y N	Date	Time	Clinic	Lab
Stage:	Disinfected: Y N	Date	Time	Clinic	Lab
Stage:	Disinfected: Y N	Date	Time	Clinic	Lab
Stage:	Disinfected: Y N	Date	Time	Clinic	Lab

DESIGN



DESIGN

PATIENT STATEMENT

The registration number of the manufacturer with Medical Devices Agency is:

03041001

YOUR ATTENTION IS DRAWN TO THE FOLLOWING STATEMENT

This is a custom-made medical device that has been manufactured to satisfy the design characteristics, and properties prescribed by your Dental professional, for you.

This medical device is intended for exclusive use by you, and conforms to the essential requirements of Annex 1 of Medical Device Directive (93/42/EEC), and the United Kingdom Medical Device Regulations.

This statement does not apply to medical devices that have been repaired and/or refurbished for an individual patient's use.

THIS PRODUCT WAS MANUFACTURED EXCLUSIVELY IN THE UK.



Information about treatment provided by Dental Students

YOUR CONSULTANT HAS DECIDED THAT YOUR TREATMENT CAN BE CARRIED OUT BY A STUDENT

- By attending the student clinic you confirm that you accept your dental treatment will be carried out by dental students under the supervision of a qualified dentist.
If you are unable to attend student clinics, when required, then the offer of student treatment at Glasgow Dental Hospital & School will be withdrawn.
If you fail to attend student clinics, when appointed, then the offer of student treatment will be withdrawn.
Student Clinics are not covered by National Wait Time Guarantees.
If you have not received an appointment within 9 months of being accepted for treatment you will be contacted to confirm if you still wish to wait.
Appointments with a dental student are available Monday to Friday (9am-3pm) during university term time only, depending on the type of treatment you require.
Treatment may take longer to complete than in general dental practice as supervised students work more slowly than qualified dentists.
You should continue to visit your dental practitioner for ongoing dental care whilst both waiting for treatment to commence and during treatment at Glasgow Dental Hospital.
You will not be charged for the item of treatment, prescribed by the consultant, to be carried out by a student. Once this item of treatment is completed, you will be discharged to your general dental practitioner for any further treatment required.
If you require emergency dental treatment relating to the specific item of treatment being undertaken by the student, you should contact:

- During University term: the student undertaking your treatment or
During University leave: the student patient co-ordinator on 0141 211 9656

- All other dental emergencies should be referred to your dental practitioner.
Please place a cross in the appropriate box below:
A cross in the box marked "Yes" means you DO wish to attend the Student Clinic and agree to the above
A cross in the box marked "No" means you DO NOT wish to attend the Student Clinic and will instead return to your own dentist.

[X] Yes

[] No

Patient/Parent/Guardian to complete:

I confirm that I have read and understood the information provided in this leaflet.

Signed: Jacqueline Goodwin Date: 26/11/14

Name (Block capitals): JACQUELINE GOODWIN

Relationship to patient

Barcode area containing patient details: 70654323B, GOODWIN, JACQUELINE, 23/04/1973, 3/1 68 CASTLEMILK DRIVE, GLASGOW, G45 9TW, CHI-2304736009

MAN-70654323

CHI-2304736009

Allan W. McMillan B.D.S. PCN-MRD
and Associates

KINGS
CROFT
family dental practice

355 Carmunnock Road,
GLASGOW G44 5HH.
Tel: 0141 634 2905

2019/11 -

Deersri/mandan
re

JACQUELINE GOODWIN

D.O.B. 23/4/77

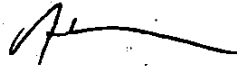
68 CASTLEMILK DRIVE,

GLASGOW,

G-45 9TW

I would be grateful if the patient named above could be seen in
the prosthodontic department to have a new complete upper denture
made as she is having difficulty wearing the denture that was made for
her recently. Many thanks for your help with this case.

Kind regards,



(Please forward)

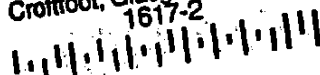
26/11

MR MATHIESON

9.40am

MR 18/7/11?

MR. A. W. McMILLAN, B.D.S.
355 Carmunnock Road
Croftfoot, Glasgow G44 5HH
1617-2



INVESTOR IN PEOPLE



Our Ref: AM/AMM/medrecords/reflet

Date: 14/4/05

Tel: Conservation Reception 0141-211-9787



Goodwin Jacqueline

[Faded text, likely a header or separator line]

Your name has been placed on the waiting list which at present is 3.2 weeks for a first consultation. The time that you will have to wait could be slightly longer or slightly shorter than this depending on the number of clinics which we are able to run.

An appointment card will be forwarded to you approximately 1 month prior to your appointment date.

If you can attend at very short notice and can be reached by telephone between the hours of 9.00 a.m. and 5.00 p.m., we may be able to offer you a cancelled appointment slot. Please complete and post the tear off slip below.

Yours faithfully,

Signed Olivia Frame
Clerical Officer



1 Reception Office
Department of Conservation, Level 6
Glasgow Dental Hospital & School
378 Sauchiehall Street
GLASGOW, G2 3JZ

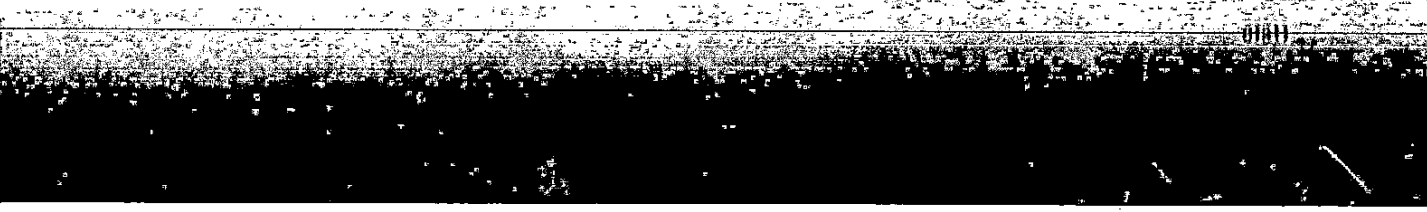
Goodwin Jacqueline

Female 23/04/1973

Name:..... Hosp No:..... Date:.....

I am able to take a cancelled appointment slot at very short notice, if one becomes available, and I can be contacted between 9.00 a.m. and 5.00 p.m. at the following telephone number

.....





DEPARTMENT OF CLINICAL/LABORATORY HAEMATOLOGY
CPA ACCREDITED LABORATORY

NHS Greater Glasgow and Clyde
Gartnavel General Hospital ☎(0141)-301-7707

Surname GOODWIN	Forename JACQUELINE	Date of Birth 23.04.1973	Hospital Number 70654323B	CHI Number 2304736009
Patient Address GLASGOW G45 9TW		Patient Sex Female	Laboratory Number H,11.1081677.K	Report Delivery Address D-LEVEL 3 DH
		Consultant / GP DR.G.SMITH		

Coagulation Screen
 Prothrombin Time **11.0** Seconds - (9-13)
 Partial Throm Time **30.0** Seconds (27-38)
 INR **0.9**
 Thrombin Clotting T **15.4** Seconds ← (11.0-15.0)
 PT/INR RATIO **1.0**

GA
Wok/late



DEPARTMENT OF CLINICAL/LABORATORY HAEMATOLOGY
CPA ACCREDITED LABORATORY

NHS Greater Glasgow and Clyde
Gartnavel General Hospital ☎(0141)-301-7737
Glasgow Western Infirmary ☎(0141)-211-2336

Surname GOODWIN	Forename JACQUELINE	Date of Birth 23.04.1973	Hospital Number 70654323B	CHI Number 2304736009
Patient Address 3/1 68 CASTLEMILK DRIVE GLASGOW G45 9TW		Patient Sex Female	Laboratory Number H,11.1081677.K	Report Delivery Address D-LEVEL 3 DH
		Consultant / GP DR.G.SMITH		

	20.06.11	
WBC	10.81	(4.00-11.00)
RBC	4.32	(3.80-5.80)
Hb	120	(115-165)
Hct	0.400	(0.370-0.470)
MCV	92.0	(78.0-99.0)
MCH	20.0	(27.0-32.0)
PLts	220	(150-400)
Neutls	7.08	(2.00-7.50)
Lymphs	2.83	(1.50-4.00)
Monos	0.04	(0.20-0.80)
Eos	0.04	(0.04-0.40)
ESR		(1-12)
GFST		
Retic		(25.0-100.0)

GA