Anthony Chellappah
ORAL AND MAXILLOFACIAL SURGEON

Dr Anthony Dyalan Chellappah MBBS, BDS, BScDent (Hons), FRACDS (OMS)
Specialist Oral and Maxillofacial Surgeon
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Referring Practitioner:	_____	**Patient Name:**	_____
Provider Number:	_____	**Date of Birth:**	_____
Practice Name:	_____	**Phone Number:**	_____
Practice Address:	_____	**Address:**	_____
	_____		_____
	_____		_____
Signature:	_____		
Date:	_____		

Referred For:

- ☐ Wisdom Teeth Removal
- ☐ Dental Extractions
- ☐ Tooth Exposure
- ☐ Supernumerary Teeth
- ☐ Pre-Prosthetic Surgery
- ☐ Sinus Lift/Bone Grafting
- ☐ Dental Implant Placement
- ☐ Temporary Anchorage Device
- ☐ Orthognathic Surgery
- ☐ Facial Trauma
- ☐ TMJ Dysfunction
- ☐ Oral Pathology/Oral Medicine
- ☐ Other

Tooth Number:

				55	54	53	52	51	61	62	63	64	65			
18	**17**	**16**	**15**	**14**	**13**	**12**	**11**		**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**
48	**47**	**46**	**45**	**44**	**43**	**42**	**41**		**31**	**32**	**33**	**34**	**35**	**36**	**37**	**38**
				85	84	83	82	81	71	72	73	74	75			

Imaging:

☐ Not Applicable ☐ To Be Emailed ☐ With Patient ☐ Please perform OPG/CBCT

Other Clinical Information:

_____
_____
_____
_____
_____
_____

Online referrals can be completed at www.drchellappah.com.au