



NIAGARA

DENTAL IMPLANT & ORAL SURGERY

Sanil B. Nigalye, DDS, MD

PATIENT NAME: Ethan Hallett DATE: 9/23/25

CELL PHONE NUMBER: _____ PATIENT D.O.B: 3/30/12

DATE OF X-RAY: _____

PLEASE PROVIDE PATIENT PHONE NUMBER SO THAT WE MAY BEGIN THE CONCIERGE PROCESS

Right								Left							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
T S R Q P								O N M L K							

☐ 3rd Molar Evaluation

☐ Implant Evaluation

☐ Expose & Bond

☐ Full Arch Solution*

☒ Extractions

☐ Evaluation of Atrophic Ridge

*Full arch solution requires a conference between doctors

Additional Notes/Comments:

non SALVAGEable #3 please remove
Acute pain, Type I diabetic
A1C > 8

Russell DiPary

Referring Doctor

All patients must have a consult prior to a surgical appointment



Scan QR code for patient registration
OR

Go to www.niagaraoms.com > patient information > patient registration

Please inform office 72 hours in advance if you are unable to keep your appointment.

6490 MAIN STREET, SUITE 5 · WILLIAMSVILLE, NY 14221

P: 716.276.3553 · F: 716.276.3552

NIAGARAOMS.COM