

Demographic Information

Patient Information

Patient Name:

Cell Phone Number:

Please provide your patient's cell phone number so we can initiate the concierge process.

Date of Birth:

Date of X-Ray:

Upload x-rays, imaging, or other documentation on the next page.

Referring Information

Referring Doctor Information

Referring Doctor:

Referring Doctor Phone
Number:

Treatment Information

Diagnosis

Diagnosis:

Evaluate for Grafting

Yes

No

Pathology Evaluation

Yes

No

*A full arch solution requires a conference between doctors.

Conclusion

Additional Notes / Comments

Thank You For Your Referral

Please email xrays to:

info@niagaraoms.com

Fax - (716) 276-3552

All patients must have a pre-surgical consultation with Dr. Nigalye before scheduling surgery.

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

6490 Main Street, Suite 5, Williamsville, New York 14221

Phone/SMS: (716) 276-3553 • Fax: (716) 276-3552

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