



NIAGARA

DENTAL IMPLANT & ORAL SURGERY

Sanil B. Nigalye, DDS, MD

PATIENT NAME: _____ DATE: _____

CELL PHONE NUMBER: _____ PATIENT D.O.B: _____

DATE OF X-RAY: _____

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

Right								Left							
A	B	C	D	E	F	G	H	I	J						
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:

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.

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