

Referral



SPECIALIST MEMBERS

GRAZIANO & TAGOURI, LLP

Practice Limited to Endodontics

Frank Graziano, Jr., DDS.
Hess Tagouri, DMD., MDS.
Patrick Battista, DDS.

www.wnyendo.com

8201 Main Street, Suite 5
Williamsville, New York 14221
(716) 630-9999

4535 Southwestern Blvd. Suite 206
Hamburg, NY 14075
(716) 646-ENDO (3636)

4 State Street
Batavia, New York 14020
(585) 343-8811

Introducing:

Name _____

Tooth no. or Condition _____

_____ Time

_____ Date

Williamsville

Hamburg

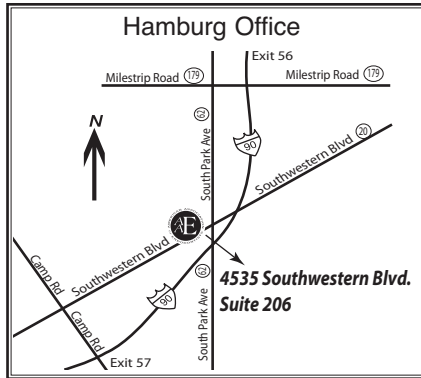
Batavia

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Please note: _____

Post space YES NO As Needed

PLEASE INFORM ONE DAY IN ADVANCE IF YOU ARE
UNABLE TO KEEP YOUR APPOINTMENT



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