



Healthcare Provider Information	Date
Name (print):	Address/Clinic Stamp:
Signature:	Phone:
Health Care Provider Medical License No.	

**Once completed, forms and documentation should be submitted no later than January 3, 2022 through the following means to the Niagara University office of Health Services. Questions may be directed by phone or email.**

**Preferred Method: Mediat Electronic Medical Record System:**

<https://niagara.medicatconnect.com/home.aspx>

Address: P.O. Box 1923 Butler Building, Niagara University, New York 14109

Fax: 716.286.8391

Phone: 716.286.8390

Email: [health@niagara.edu](mailto:health@niagara.edu)