

**DR. R.M. SLEMKO, Inc.**

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*Oral and  
Maxillofacial  
Surgery*

DATE: \_\_\_\_\_

INTRODUCING \_\_\_\_\_

AGE \_\_\_\_\_ BUS. \_\_\_\_\_ RES. \_\_\_\_\_  
TEL. \_\_\_\_\_ TEL. \_\_\_\_\_

Please bring all Dental Insurance information at time  
of Consultation.

<b>PERMANENT DENTITION</b>	
18 17 16 15 14 13 12 11	21 22 23 24 25 26 27 28
48 47 46 45 44 43 42 41 31 32 33 34 35 36 37 38	
55 54 53 52 51	61 62 63 64 65
85 84 83 82 81	71 72 73 74 75

R L

DOCTOR \_\_\_\_\_

TELEPHONE \_\_\_\_\_