

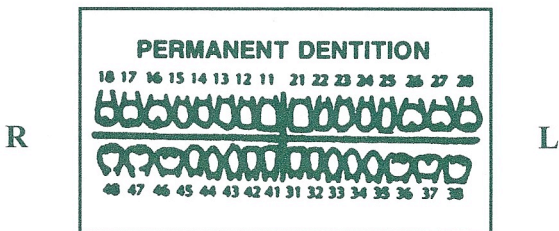
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Richmond, B.C. V7C 5L9  
Tel: 273-5655 Fax: 244-9410  
Email: slemko1@telus.net

*Oral Maxillofacial and  
Implant Surgery*

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

INTRODUCING \_\_\_\_\_

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



- Consult Only
- Implant Placement

**OPTIONS**

- Screw Retained Final Restoration
- Cement Retained Final Restoration

DOCTOR \_\_\_\_\_

TELEPHONE \_\_\_\_\_