



**DR. M.P. BRAVERMAN INC.**  
**DR. R.P. GREWAL INC.**  
CERTIFIED SPECIALISTS  
ORAL AND MAXILLOFACIAL SURGERY

Date \_\_\_\_\_

Introducing: \_\_\_\_\_

Age: \_\_\_\_\_ Bus Tel: \_\_\_\_\_ Res Tel: \_\_\_\_\_

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

- |                                                  |                                           |                                    |
|--------------------------------------------------|-------------------------------------------|------------------------------------|
| <input type="checkbox"/> Orthognathic Surgery    | <input type="checkbox"/> Cyst/Tumour      | <input type="checkbox"/> Implants  |
| <input type="checkbox"/> Ridge Augmentation      | <input type="checkbox"/> Fractures        | <input type="checkbox"/> Biopsy    |
| <input type="checkbox"/> Preprosthetic Surgery   | <input type="checkbox"/> Frenectomy       | <input type="checkbox"/> Infection |
| <input type="checkbox"/> Oral Diagnosis/Medicine | <input type="checkbox"/> Exposure/Upright | <input type="checkbox"/> T.M.J.    |
| <input type="checkbox"/> Extractions             |                                           |                                    |

Dr. \_\_\_\_\_ Tel. \_\_\_\_\_

**We accept Debit,  
Visa, M/C, Amex  
and Cash.  
Sorry  
No Cheques**

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OAKRIDGE CENTRE  
VANCOUVER, B.C.  
V5Z 2M9  
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