



Gilead Medical
& Dental Centre

G.P. Consultation.

PRE-REGISTRATION SLIP

Patient's Name Lawrence Kofi Addae /
 Gender ☒ M ☐ F Insurer Phoenix Health / Policy Number 2016070189 /
 Organisation Phoenix Life Assurance / Staff ID _____ /
 Department Accounts /
 Date Of Birth 28 / 11 / 1969 / Phone No. 0260755630 / Nationality Ghanaian /

CONTACT PERSON

Full Name Matilda Addae / Phone No. 0244372822

PATIENT'S ADDRESS

Residence (Location)

H/NO 1, 18E Approtech Street, Adenta Housing Estates

Office (Location)

CDH HOUSE

Are you married



Yes

No

For others, please specify

Date 1 / 11 / 2017

Name of Registration Officer

Ruth Nyarko

Signature of Patient

Date 01 / 11 / 2017