

GP



PRE-REGISTRATION SLIP

Patient's Name Abraham Serpong /
Gender ☒ M ☐ F Insurer Phoenix / Policy Number 2014040024 /
Organisation CDH Financial Holdings / Staff ID _____ /
Department IT /
Date Of Birth 16 / 10 / 1984 / Phone No. 0242647768 / Nationality Ghanaian /

CONTACT PERSON

Full Name Charles Sarkodie / Phone No. _____ /

PATIENT'S ADDRESS

Residence (Location)

Achimota Abofu

Office (Location)

Are you married

Yes

☒ No

For others, please specify

Date

08 / 11 / 2017

Name of Registration Officer

De Gifty Mavissey

Signature of Patient

Date 08 / 11 / 2017 /