DENTAL

Gilead Medical & Dental Centre

PRE-REGISTRATION SLIP

Patient's Name KWASI · S. ADDO /

Gender ✓M F Insurer / Policy Number /

Organisation / Staff ID /

Department /

Date Of Birth 28 / 09 / 68 / Phone No. 0557329670 Nationality Ghanaian /

CONTACT PERSON Full Name MRS. Janet Dede / Phone No. 0573296770

PATIENT'S ADDRESS

Residence (Location) HSE # 572/2 Lakeside Estate

Office (Location)

Are you married (Yes) No

For others, please specify

Date 2 / 11 / 17 Name of Registration Officer

Signature of Patient Date / / /