

Gilead Medical  
& Dental Centre

## PRE-REGISTRATION SLIP

Patient's Name Daniel Demanya Abochie  
Gender ☒ M ☐ F Insurer Phoenix Policy Number 2014040086  
Organisation \_\_\_\_\_ Staff ID \_\_\_\_\_  
Department Purchase & Supply  
Date Of Birth 8, March 1971 Phone No. 0244074870 Nationality Ghanaian

## CONTACT PERSON

Purchase and Supply  
Full Name Eltonia Borteng / Phone No. 0246483031

## PATIENT'S ADDRESS

Residence (Location)

Office (Location)

Are you married ☒ Yes ☐ No

For others, please specify

Date 02, 11, 2017

Name of Registration Officer

Ruth Nyarko

Signature of Patient

Date 02, 11, 2017