

## **PRE-REGISTRATION SLIP**

Patient's Name Nana Ama Adumea Addison
Gender M F Insurer / Policy Number /
Organisation Phoenix Life / Staff ID /
Department Premum Admin /
Date Of Birth 04 101 11986 Phone No. 0243255576 Nationality Changian
CONTACT PERSON Full Name Kwesi A- Amussal / Phone No. 0542635006
PATIENT'S ADDRESS
Residence (Location)
Adenta Office (Location)
CDH Itouse Ridge Accing.
Con House, Acting.
Are you married Yes No
For others, please specify
Date/ / / / Name of Registration Officer
Nana Ama
Signature of Patient Date 15 /1 / 12017

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