



Gilead Medical
& Dental Centre

PRE-REGISTRATION SLIP

Patient's Name George Antwi-Danguah /
Gender ☒ M ☐ F Insurer Phoenix Health / Policy Number _____ /
Organisation CDH Savings & Loans Ltd / Staff ID _____ /
Department Projects /
Date Of Birth 13 / 02 / 76 / Phone No. 0209095596 / Nationality Ghanaian /

CONTACT PERSON

Full Name Mary Margaret Y. Donfeh / Phone No. 0244816141 /

PATIENT'S ADDRESS

Residence (Location)
Hse # 158, Damax 1 Estate, Kufonse - Accra.
Office (Location)

Are you married ☒ Yes ☐ No

For others, please specify _____

Date 01 / 11 / 2017

Name of Registration Officer

Signature of Patient [Signature]

Date _____ / _____ / _____