

x medicals



PRE-REGISTRATION SLIP

Patient's Name Henry A. Sowah

Gender ☒ M ☐ F Insurer _____ Policy Number _____

Organisation CDH Commodities Ltd. Staff ID _____

Department Transport

Date Of Birth 26 / 03 / 1972 Phone No. 0244361755 Nationality Ghanaian



(Spouse)
Full Name Phelomina Sowah / Phone No. 0265585599



Residence (Location)

Teshie

Office (Location)



☒ Yes

☐ No

For others, please specify

Date _____ / _____ / _____

Name of Registration Officer

Signature of Patient

Date _____ / _____ / _____