



PRE-REGISTRATION SLIP

Patient's Name Akua Amanoba Adu-Appiah
 Gender M ☒ F Insurer _____ / Policy Number _____
 Organisation Phoenix Insurance / Staff ID _____
 Department Marketing Department
 Date Of Birth 14 / 10 / 92 / Phone No. 026 9332741 / Nationality Ghanaian

CONTACT PERSON

Full Name Charles Adu-Appiah / Phone No. 020 8560159

PATIENT'S ADDRESS

Residence (Location)

Regimmanuel Grey Estates, St close Street Hsno 56 Comm 18.

Office (Location)

Are you married

Yes

No

For others, please specify

Date 14 / 11 / 2017

Name of Registration Officer

Debrah Massey

Signature of Patient

Date 14 / 11 / 17