

AKBS11170079



Gilead Medical  
& Dental Centre

DENTAL

PRE-REGISTRATION SLIP

Patient's Name Adwoa K. Boateng Saapong  
Gender ☐ M ☒ F Insurer \_\_\_\_\_ Policy Number \_\_\_\_\_  
Organisation KPMG / Staff ID \_\_\_\_\_  
Department \_\_\_\_\_  
Date Of Birth 03/08/1987 Phone No. 02464603161 Nationality Ghanaian

CONTACT PERSON

Full Name Beatrice Asamoah / Phone No. 0554544281

PATIENT'S ADDRESS

Residence (Location) Tanteng Hills

Office (Location) 13 Tivwa Drive Abelenkpe Accra

Are you married ☒ Yes ☐ No

For others, please specify \_\_\_\_\_

Date 01/11/2017

Name of Registration Officer \_\_\_\_\_

Signature of Patient [Signature]

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/