



Gilead Medical
& Dental Centre

PRE-REGISTRATION SLIP

Patient's Name BRIGHT KWARTENG AMOAH /
 Gender ☒ M ☐ F Insurer PHOENIX / Policy Number _____ /
 Organisation PHOENIX LIFE ASSURANCE / Staff ID _____ /
 Department CLAIMS / UNDERWRITING /
 Date Of Birth 25 / 05 / 1986 / Phone No. 0507247294 / Nationality Ghanaian /

CONTACT PERSON

Full Name BRIGHT KWARTENG AMOAH / Phone No. 0507247294 /

PATIENT'S ADDRESS

Residence (Location)

ASHALEY BOWE LAKESIDE

Office (Location)

Are you married

Yes

☒ No

For others, please specify

Date 19 / 10 / 2017

Name of Registration Officer

Ruth Nyarko

Signature of Patient

Date

19 / 10 / 2017