



Gilead Medical
& Dental Centre

PRE-REGISTRATION SLIP

Patient's Name Nancy Konyo Agbortey /
Gender ☐ M ☒ F Insurer Phoenix / Policy Number 2017090006 /
Organisation Universal Merchant Bank / Staff ID /
Department Collections & Recoveries /
Date Of Birth 06 / 09 / 1987 / Phone No. 054 1184524 / Nationality Ghanaian /

CONTACT PERSON

Full Name Eric Osei Duah / Phone No. 0245841056

PATIENT'S ADDRESS

Residence (Location)

Kwashieman - Accra

Office (Location)

Sent Emporium - Airport City - Accra

Are you married ☐ Yes ☒ No

For others, please specify

Date / /


Signature of Patient

Name of Registration Officer

Date / /