

PRE-REGISTRATION SLIP

Patient's Name Juli et Booterg
Gender M F Insurer / Policy Number /
Organisation Thornix Insurance / Staff ID
Department Takating
Date Of Birth 20 104 1977 Phone No. 05491430821 Nationality Franciscon
CONTRACT PHRSON Full Name Dennis Boatlerg / Phone No. 0274315660
PATIENT'S ADDRESS
Residence (Location) Castura
Office (Location)
Are you manded Yes No
For others, please specify
Date/ Name of Registration Officer Rath Myar Ko
Signature of Patient Date 14 / 11 / 2017
Gilead Medical & Dental Centre, House of Balm, C896/3, Kanda Highway, Accra, Ghana. Tel: 030 222 7196 Email:info@gileadmedgh.com www.gileadmedgh.com

Recieved by Ruth Nyarko