

Gilead Medical
& Dental Centre

PRE-REGISTRATION SLIP

Patient's Name David ObengGender ☒ M ☐ F Insurer _____ / Policy Number _____Organisation Phoenix Insurance / Staff ID _____Department MarketingDate Of Birth 24 / 07 / 86 / Phone No. 0546000922 / Nationality Ghanaian

CONTACT PERSON

Full Name Obeng Isaac / Phone No. 0541249685

PATIENT'S ADDRESS

Residence (Location)

Osu - Ringway Estate

Office (Location)

Are you insured? ☒ Yes ☐ No

For others, please specify

Date 14 / 11 / 2017

Name of Registration Officer

Deleayo Masey

Signature of Patient

Date 14 / 11 / 2017