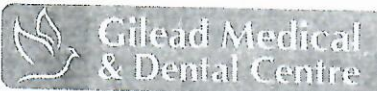


medicals



PRE-REGISTRATION SLIP

Patient's Name Nana Ama Adumea Addison /
Gender ☐ M ☒ F Insurer _____ / Policy Number _____ /
Organisation Phoenix Life / Staff ID _____ /
Department Premium Admin /
Date Of Birth 04 / 01 / 1986 Phone No. 0243255576 Nationality Ghanaian /

CONTACT PERSON

Full Name Kwesi A. Amussah / Phone No. 0542635006
Husband

PATIENT'S ADDRESS

Residence (Location)

Adenta

Office (Location)

CDH House, Ridge, Accra.

Are you married ☒ Yes ☐ No

For others, please specify

Date ____ / ____ / ____

Name of Registration Officer

Nana Ama


Signature of Patient

Date 15 / 11 / 2017

amarana.addison@gmail.com