

AMV/10200/13

ALK11170082



Gilead Medical
& Dental Centre

PRE-REGISTRATION SLIP

Patient's Name ANITA LEBENE KWEDENA /

Gender ☐ M ☒ F Insurer _____ / Policy Number _____ /

Organisation _____ / Staff ID _____ /

Department _____ /

Date Of Birth 11 / 06 / 1981 Phone No. 0244769154 / Nationality GHANAIAN /

CONTACT PERSON

Full Name VICTUS AZAGLO-TAY / Phone No. 0244769154

PATIENT'S ADDRESS

Residence (Location)

MATAHEKO

Office (Location)

Are you married ☒ Yes ☐ No

For others, please specify _____

Date 02 / 11 / 2017

Name of Registration Officer

Ruth Nyarko

Signature of Patient

Date 02 / 11 / 2017