



PRE-REGISTRATION SLIP

Patient's Name Ama Asima Asubonteng
Gender M ☒ Insurer Phoenix health / Policy Number _____
Organisation Phoenix life Assurance / Staff ID _____
Department Administration
Date Of Birth 22 / 06 / 1991 / Phone No. 020-235599 / Nationality Ghanaian /



Full Name Gifty Adane (sister) / Phone No. 0243275102



Residence (Location)

Pokuase Canada

Office (Location)

Phoenix life Assurance



Yes

No ☒

For others, please specify

Date _____ / _____ / _____

Name of Registration Officer

Signature of Patient

[Signature]

Date 20 / 11 / 2017