

~~AMVA/0200019~~

AS11170083



Gilead Medical
& Dental Centre

PRE-REGISTRATION SLIP

Patient's Name Ali Sbat
Gender ☒ M ☐ F Insurer _____ Policy Number _____
Organisation AAS Ghana LTD Staff ID _____
Department CEO
Date Of Birth 20.03.1988 Phone No. 024888898 Nationality Ghanian

CONTACT PERSON

Full Name Sharon Ashkar / Phone No. 0248087245

PATIENT'S ADDRESS

Residence (Location)

East Legon House 22A

Office (Location)

Airport Sshit Emporium 7th Floor

Are you married ☒ Yes ☐ No

For others, please specify

Date 2.11.17

Name of Registration Officer

Ruth Nyarko

Signature of Patient [Signature]

Date 02.11.2017