



## PRE-REGISTRATION SLIP

Patient's Name Juliet Boateng /  
 Gender ☒ M ☐ F Insurer \_\_\_\_\_ / Policy Number \_\_\_\_\_ /  
 Organisation Phoenix Insurance / Staff ID \_\_\_\_\_ /  
 Department Marketing /  
 Date Of Birth 20 / 04 / 1972 Phone No. 0549143082 / Nationality Ghanaian /

## CONTACT PERSON

Full Name Dennis Boateng / Phone No. 0274315660

## PATIENT'S ADDRESS

Residence (Location) Baastona  
 Office (Location) \_\_\_\_\_

Are you married?

Yes

☒ No

For others, please specify

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Registration Officer

Ruth Nyarko

Signature of Patient

Date 14 / 11 / 2017

Received By Ruth Nyarko