

Annex B.2.: POSITIVE FEEDBACK SUBMISSION FORM



Ministry of Health
3rd Health Region of Macedonia
General Hospital of Florina
“Eleni Th. Dimitriou”

Date:

POSITIVE FEEDBACK SUBMISSION FORM

Personal Informations					
Name Surname					
Capacity	Patient:		Relative of the patient:		Something else:
Address					
P.C. - City					
Telephone.					
E-mail					
Description					
Please provide details, such as who or what it concerns:					

HOSPITAL CONTACT DETAILS:

(Address: Egnatias 9 P.C. 53100 Florina, Telephone.: 2385350100, Email: prostasia@nosflorinas.gr)

INFORMATION ON THE PROCESSING OF PERSONAL DATA

The management of positive impressions is subject to the provisions of the General Data Protection Regulation ΓΚΠΔ/GDPR (ΕΕ) 2016/679, as well as the provisions of the Law 4624/2019.