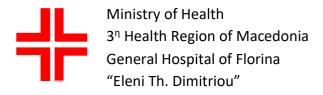
Annex B.2.: POSITIVE FEEDBACK SUBMISSION FORM



Date:	
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POSITIVE FEEDBACK SUBMISSION FORM

			Personal Infor	matio	ons	
Name Surname						
Capacity	Patient:		Relative of the		Something	
			patient:		else:	
Address						
P.C City						
Telephone.						
E-mail						
			Descripti	on		
Please provide details	s, such as who	or wha	t 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.								