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|  |  Ημ/νια: |
| **ΕΝΤΥΠΟ ΥΠΟΒΟΛΗΣ ΠΑΡΑΠΟΝΩΝ**  |
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| **ΣΤΟΙΧΕΙΑ ΠΑΡΑΠΟΝΟΥΜΕΝΟΥ**  |
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| **Ονοματεπώνυμο παραπονούμενου:** |  |
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| **Ιδιότητα παραπονούμενου:** | **Ασθενής:** |  | **Συγγενής ασθενούς:** |  |  | **Άλλη** |  |  |
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| **Διεύθυνση:** |  | **Τ.Κ.-Πόλη:** |  | **Τηλ.:** |  |
|  |  |  |  |  |
| **E-mail:** |  |
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| **ΠΕΡΙΓΡΑΦΗ ΠΑΡΑΠΟΝΟΥ** |
| Ποιόν ή ποιους αφορά και τι ακριβώς συνέβη: |
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| Τι ενδεχομένως προτείνεται για τη διευθέτηση του θέματος: |
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|  | Υπογραφή  |
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