 **ΠΑΝΕΠΙΣΤΗΜΙΑΚΟ ΓΕΝΙΚΟ ΝΟΣΟΚΟΜΕΙΟ ΙΩΑΝΝΙΝΩΝ**

**ΕΥΧΑΡΙΣΤΗΡΙΑ ΕΠΙΣΤΟΛΗ**

**ΟΝΟΜΑ:**

**ΕΠΩΝΥΜΟ:**

**ΤΟΠΟΣ ΚΑΤΟΙΚΙΑΣ:**

**ΗΜΕΡΟΜΗΝΙΑ:**

 **ΠΡΟΣ:………………………………….**

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**Ο/Η ………………………………………..**