**Formular Jo-konformiteti**

**(Complaints Form)**

Ju lutemi plotesoni kete formular nese keni/vereni ndonje parregullsi/jo-konformitet me produktet qe ju ofron CFO Pharma.

Ky informacion do te ndihmoje ne sigurine e pacienteve dhe cilesine e sherbimit tone.

Per me shume informacion kontaktoni ne nr [+355 4 2454537](tel:+35542454537) ose ne websitin tone: [www.cfopharma.com](http://www.cfopharma.com)

1. Informacionet e tua:

|  |  |
| --- | --- |
| Emri I farmacise |  |
| Adresa |  |
| Email + Tel |  |

1. Informacion ne lidhje me ankesen

|  |  |
| --- | --- |
| Emri barit |  |
| Doza |  |
| Problematika e barit |  |
| Sasia qe ju keni gjendje |  |

Punonjesi I CFO Pharma qe merr ankesen

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