

Feedback form

Share your experience of using the LUX MED Gdańsk Hospital services

Particulars of the person submitting the feedback:

Surname :

Name :

Personal ID
number (PESEL) :

Date of birth :

Particulars of the person using the LUX MED Szpital Gdańsk (if different from the person submitting the feedback):

Surname

Name

Personal ID number (PESEL)

Date of birth

Name of the Policyholder:

Please provide the following details:

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Date and time of the event:

Place of the event:

- Call Centre phone line – please specify the telephone number used for making the contact:
- Facility:
- Other – please specify the location:

Name and surname of the Swissmed Hospital employee concerned:

Detailed description of the situation:

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