

Εθνική Αρχή Ηλεκτρονικής Υγείας

Ηλεκτρονικές Διασυννοριακές Υπηρεσίες Υγείας

Παρουσίαση συστήματος



Διασυνοριακές Υπηρεσίες ^{1/2}

- Συνοπτικό Ιστορικό Υγείας Ασθενή (Patient Summary):
Παρέχει πληροφορίες Υγείας για σημαντικές πτυχές όπως:



Αλλεργίες



Ανοσοποίηση



Φαρμακευτική Αγωγή



Γυναικολογικά



Ιατρικά Προβλήματα



Κοινωνικό Ιστορικό

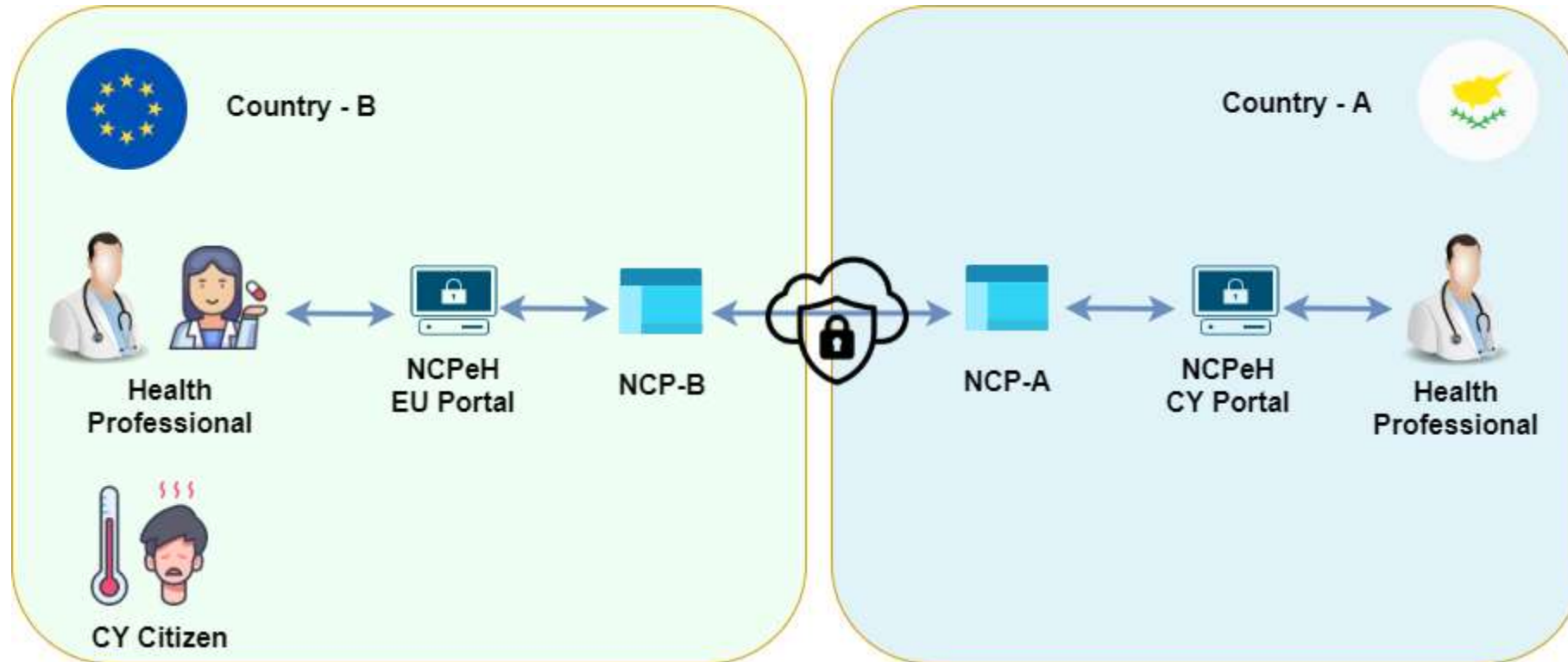
Διασυνοριακές Υπηρεσίες ^{2/2}

Ηλεκτρονική Συνταγογράφηση (ePrescription) :

- Επιτρέπει στους ασθενείς να λαμβάνουν τα φάρμακά τους σε φαρμακείο εκτός της χώρας μόνιμης διαμονής τους, χάρη στη μεταφορά της ηλεκτρονικής συνταγής στη χώρα της ΕΕ όπου ταξιδεύουν.
- Ο ιατρός που δραστηριοποιείται στην Κύπρο καταχωρεί **διασυνοριακές** συνταγές για τους κατοίκους της Κύπρου που θα μεταβούν στις χώρες της ΕΕ.



Σχηματική Αναπαράσταση Υποδομής του MyHealth@EU



Επίδειξη του συστήματος



National Contact Point for eHealth
Cross Border Healthcare Services
National eHealth Authority

Support Wiki
GR EN

About the National Contact Point for eHealth

The Cypriot Cross-Border Hub, part of the European MyHealth@EU Network, serves as the National Contact Point for eHealth. It was established under European Directive 2011/24/EU to support the mobility of European citizens when they travel to another EU country and require medical care.

Through MyHealth@EU and electronic Cross-Border Health Services, citizens can access their Patient Summary in the country they are visiting, as their medical record follows them wherever they go.

This allows the local healthcare professional to be informed about the citizen's health status, facilitating appropriate and timely medical care. Additionally, European citizens have the ability to dispense an ePrescription at a pharmacy in the country they are visiting. These services are particularly beneficial for chronic patients or in the event of a medical emergency.

The National Contact Point provides three main services:

- a) Patient Summary
- b) ePrescription
- c) eDispensing

Provider Portal

Patient Portal



Funded by



Republic of Cyprus



NATIONAL
eHEALTH
AUTHORITY



My health @ EU
eHealth Digital Service Infrastructure
A service provided by the European Union

Cyprus tomorrow
RECOVERY AND RESILIENCE PLAN



Funded by
the European Union
NextGenerationEU

Contact

<https://www.neha.org.cy>

+357-22436038

Monday - Friday, 7:30 - 15:00

info@neha.org.cy

67A Limassol Avenue, 2121, Aglantzia, Cyprus

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www.neha.org.cy/MyHealth@EU



Κυπριακή Δημοκρατία



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eHEALTH
AUTHORITY



My health @ EU
eHealth Digital Service Infrastructure
A service provided by the European Union



Με τη χρηματοδότηση
της Ευρωπαϊκής Ένωσης
NextGenerationEU

Κύπρος — το αύριο

ΣΧΕΔΙΟ ΑΝΑΚΑΜΨΗΣ ΚΑΙ ΑΝΘΕΚΤΙΚΟΤΗΤΑΣ



Υγεία και Φροντίδα

Διασυννοριακές Υπηρεσίες Υγείας

Ιατροφαρμακευτική περίθαλψη

Αναφορά ανεπιθύμητων ενεργειών που αφορούν τη χορήγηση φαρμάκων, Καθορισμός, αύξηση και μείωση της τιμής φαρμακευτικού προϊόντος, Υποβολή πωλήσεων φαρμακευτικών προϊόντων κ.α.

Επίδομα Ασθενείας

Αίτηση για Επίδομα Ασθενείας κ.α.

Επαγγελματίες υγείας

Εγγραφή στο μητρώο οδοντιάτρων κ.α.



National Contact Point for eHealth
Cross Border Healthcare Services
National eHealth Authority



About the National Contact Point for eHealth

The Cypriot Cross-Border Hub, part of the European MyHealth@EU Network, serves as the National Contact Point for eHealth. It was established under European Directive 2011/24/EU to support the mobility of European citizens when they travel to another EU country and require medical care.

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- c) eDispensing



Funded by



My health @ EU
eHealth Digital Service Infrastructure
A service provided by the European Union

Cyprus tomorrow
RECOVERY AND RESILIENCE PLAN



**Funded by
the European Union**
NextGenerationEU

Contact

 <https://www.neha.org.cy>

 +357-22436038

 Monday - Friday, 7:30 - 15:00

 info@neha.org.cy

 67A Limassol Avenue, 2121, Aglantzia, Cyprus



www.neha.org.cy/MyHealth@EU



CY Login

Σύνδεση

Όνομα Χρήστη

Κωδικός Πρόσβασης

Σύνδεση

Δεν έχετε λογαριασμό; Εγγραφείτε εδώ

Ξεχάσατε το Όνομα Χρήστη;

Ξεχάσατε τον Κωδικό Πρόσβασης σας;

Ή



Σύνδεση με Κυπριακή η-Ταυτότητα



Σύνδεση με eIDAS

Ελληνικά ▾

[Βοήθεια](#) [Επικοινωνία](#)



CY Login

Two-factor Authentication

You will receive a 6-digit code on your phone
XXXXX432

Code

Verify

Resend code

English ▾

[Help](#) [Contact Us](#)

Μπορείτε να βρείτε
τα βήματα
ενεργοποίησης του
Ελέγχου Ταυτότητας
2 παραγόντων (Two-
factor
Authentication)
σαρώνοντας τον πιο
κάτω QR κώδικα.





CY Login

Η εφαρμογή National eHealth Authority - Portal ζητάει την άδειά σου.

Καταργήστε την επιλογή των δικαιωμάτων που δεν επιθυμείτε να εκχωρήσετε.

Προσωπικές πληροφορίες

Το αναγνωριστικό χρήστη σας
(απαιτείται)

Προφίλ CY Login

Ναι, επιτρέπω

Όχι, δεν επιτρέπω

[National eHealth Authority - Portal](#)

Ελληνικά ▾

[Βοήθεια](#) [Επικοινωνία](#)



Εγκατάσταση και χρήση Ψηφιακού Πιστοποιητικού

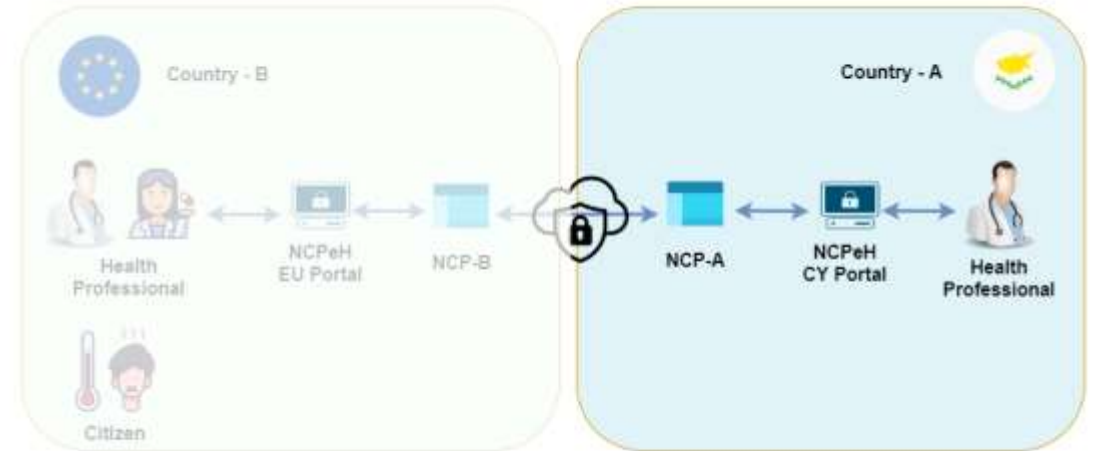
Ηλεκτρονικό αρχείο που χρησιμοποιείται για την επαλήθευση της ταυτότητας ενός χρήστη στο διαδίκτυο. Επιβεβαιώνει την αυθεντικότητα του χρήστη και διασφαλίζει την ασφάλεια της επικοινωνίας.



Ρόλος: Ιατρός

Σενάριο 1:

Δημιουργία Συνοπτικού Ιστορικού Υγείας ασθενούς / Κύπριου πολίτη
Patient Summary A (PS A)



📍 Welcome to the National Contact Point (NCP), Cyprus



Enter Patient Personal Identifiers

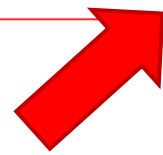
Type of Identification Document *



Identification Document Number *(xxxxxxxxxx)



Date of Birth *(Correct format (dd-mm-yyyy))



Enter Patient Personal Identifiers

Type of Identification Document *

Identification Document Number *(xxxxxxxxxx)

Date of Birth *(Monday, January 1, 1990)

i Please provide the One-Time Password to verify patient consent.

One-Time Password

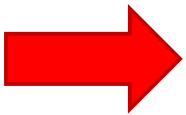


Submit One-Time Password

Patient Information

ID: 000012345
6 Family Name: ΖΗΝΩΝΑΣ Surname: ΑΝΤΩΝΙΟΥ Date of Birth: 01-01-1990 Gender: APPEN Telephone: 99123456

Patient Summary



[Preview](#) | [Create](#) | [Edit](#)

ePrescriptions

[Preview](#) | [Create](#)

View Patient Summary

Create/Edit Patient Summary

Patient Information

ID: 0000123456 Family Name: ΖΗΝΩΝΑΣ Surname: ΑΝΤΩΝΙΟΥ Date of Birth: 01-01-1990 Gender: APPEN Telephone: 99123456

Patient Data

Patient Clinical Data

Patient Summary Data

Expand All

Collapse All

Allergies (Number of active entries: 0)

+

Vaccinations (Number of active entries: 0)

+

History of Past illness (Number of active entries: 0)

+

Surgical Procedures (Number of Active Entries:0)

+

Current Problems/Diagnosis (Number of Active Entries:0)

Last Six (6) months

+

Medical Devices and Implants (Number of Active Entries:0)

+

Treatment Recommendation (Number of active entries: 0)

Therapeutic recommendations that do not include drugs

17 +

Surgical Procedures (Number of Active Entries:1)


Surgical Procedures

Has known procedures?

Has known procedures 

| Procedure Date | Description |
|----------------|------------------------|
| Oct 14, 2014 | Carotid endarterectomy |

First Previous **1** Next Last


Items per page: 5 

Current Problems/Diagnosis (Number of Active Entries:0)

Last Six (6) months


Current Problems/Diagnosis (Last Six (6) months)

Has medical problems?

No known problems 

| Onset Time | ICD-10 | Problem/Diagnosis Description |
|------------|--------|-------------------------------|
|------------|--------|-------------------------------|

First Previous **1** Next Last

Items per page: 5 

View Patient Summary

Create/Edit Patient Summary



Patient Information

ID: 0000123456
Family Name: ΖΗΝΩΝΑΣ Surname: ΑΝΤΩΝΙΟΥ Date of Birth: 01-01-1990 Gender: APPEN Telephone: 99123456

Patient Summary Version: **Date: 14-10-2024 (Latest) | Doctor: ΖΗΝΩΝΑΣ ΑΝΤΩΝΙΟΥ**

Expand All

Collapse All

Patient Data

Patient Clinical Data

Patient Summary Data

Contact Persons (Number of active entries: 1)

Contact Persons

| Given Name | Family name/Surname | Address | Country | Telephone number | Email |
|------------|---------------------|---------------------------------------|---------|------------------|----------------------|
| Χαράλαμπος | Αντωνίου | Ανδρέα Γεωργίου 15, 2000, Λευκωσία | CYPRUS | 99517092 | ch.antoniou@test.com |

First Previous **1** Next Last

Items per page: 5

Patient Insurances Information (Number of active entries: 0)

Patient Insurance Information

| Insurance Name | Insurance Number |
|----------------|------------------|
|----------------|------------------|

First Previous **1** Next Last

Items per page: 5

[Home](#) / [National](#) / Patient Summary New Version

Create/Edit Patient Summary

I understand that I will become a legal author of the patient summary document of the patient ΖΗΝΩΝΑΣ ΑΝΤΩΝΙΟΥ?


Not Accept

Accept




* Medication Summary (Number of saved entries: 0)

Drugs only

 List of current medicines (Drugs only)

Has medication info?

- Has medication info
- Has medication info**
- No known medications
- No information about medications

 Add Medication

| Date of onset | Brand Name - Active ingredient (ATC) | Strength | Dose form | Duration | Status | Actions |
|---------------|--------------------------------------|----------|-----------|----------|--------|---------|
|---------------|--------------------------------------|----------|-----------|----------|--------|---------|

First Previous **1** Next Last

Items per page: 5

Search of Medicinal Product (at least 2 any characters)

Please fill all necessary fields, marked with an asterisk (*)

Brand Name Active Substance ATC Code

paracet



| Brand Name | ATC Code | Active Substance |
|----------------------------|----------|--|
| ALGOFEN DUOFAST TABLET | N02BE51 | PARACETAMOL, COMBINATIONS EXCL PSYCHOLEPTICS |
| ALGOFEN SUPPOSITORY 1000MG | N02BE01 | PARACETAMOL |
| ALGOFEN SUPPOSITORY 125MG | N02BE01 | PARACETAMOL |
| ALGOFEN SUPPOSITORY 250MG | N02BE01 | PARACETAMOL |
| ALGOFEN SUPPOSITORY 500MG | N02BE01 | PARACETAMOL |
| ALGOFEN TABLET 500MG | N02BE01 | PARACETAMOL |

Product Name*

Strength*

Pharmaceutical Dose Form*

Posology

Quantity (Decimal noted as .)

Units per Intake

 ▼

Frequency of Intake

Frequency of Intake Unit

 ▼

Every:

Route of Administration

 ▼

Duration of treatment

Duration Units

 ▼

Onset Date (Correct format dd-mm-yyyy*)

 📅

Search of Medicinal Product (at least 2 any characters)

Please fill all necessary fields, marked with an asterisk (*)

Brand Name Active Substance ATC Code

paracet

Description

ATC Code*

| | |
|---------|-----------------------------------|
| N | NERVOUS SYSTEM |
| N02 | ANALGESICS |
| N02B | OTHER ANALGESICS AND ANTIPYRETICS |
| N02BE | Anilides |
| N02BE01 | Paracetamol |

Active Substance(s)*

PARACETAMOL

Product Name*

ALGOFEN TABLET 500MG

Strength*

500MG

Pharmaceutical Dose Form*

TABLET

Posology

Quantity (Decimal noted as .)

Quantity

Units per Intake

Units per Intake



Frequency of Intake

Every:

Frequency of Intake

Frequency of Intake Unit

Frequency of Intake Unit



Route of Administration

ORAL USE

Duration of treatment

Duration of Treatment

Duration Units

Duration unit



Onset Date (Correct format dd-mm-yyyy *)

dd-mm-YYYY



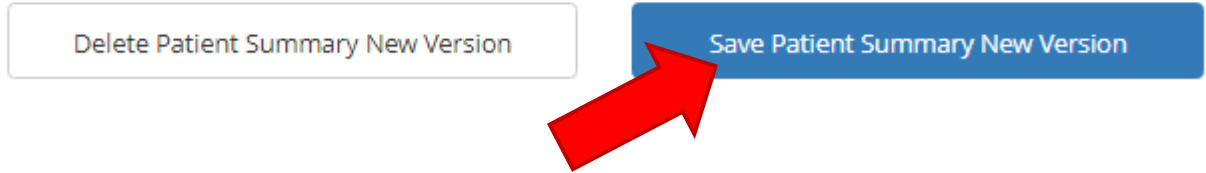
Please fill all necessary fields, marked with an asterisk (*)

Cancel

Save



To complete Patient Summary submission please proceed.



Save PS version ×

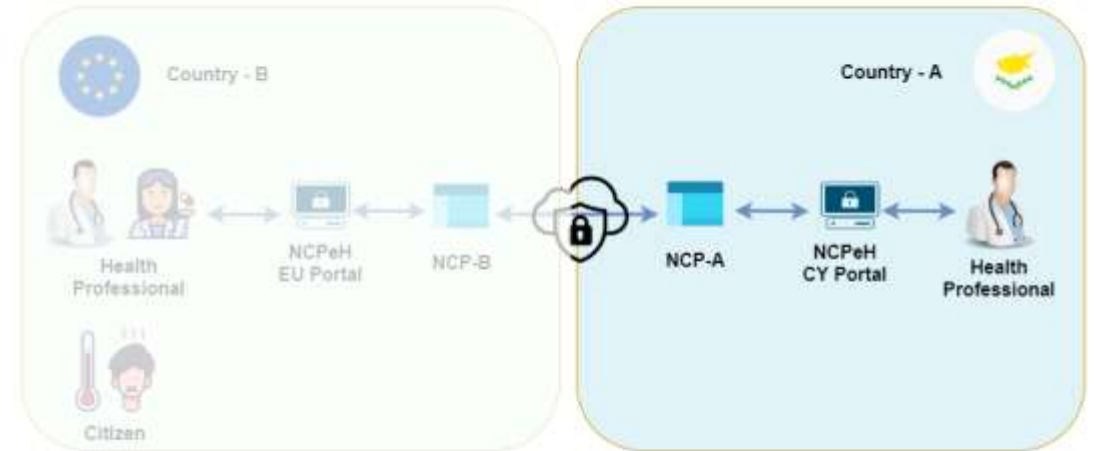
Are you sure you want to save this PS version?



Ρόλος: Ιατρός

Σενάριο 2:

Διασυνοριακή Ηλεκτρονική Συνταγή σε Εθνικό επίπεδο
ePrescription (eP A)

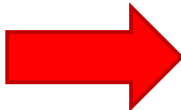


Patient Information

ID: 000012345
6 Family Name: ΖΗΝΩΝΑΣ Surname: ΑΝΤΩΝΙΟΥ Date of Birth: 01-01-1990 Gender: APPEN Telephone: 99123456

Patient Summary

Preview | Create | Edit




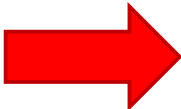
ePrescriptions

Preview | Create


Patient Information

ID: 0000844822 Family Name: ΖΗΝΩΝΑΣ Surname: ΑΝΤΩΝΙΟΥ Date of Birth: 02-04-1984 Gender: APPEN Telephone: 99517092

 ePrescriptions (Only for Cross Border eHealth Services)



[+ Add Prescription](#)

| Prescription ID | Issue Date | (ATC code) Description | Status | Actions |
|---|------------|------------------------|--------|---------|
| <p>First Previous 1 Next Last</p> <p>Items per page: 5 </p> | | | | |

Search of Medicinal Product (at least 2 any characters)

All fields with (*) are mandatory

Brand Name Active Substance ATC Code

Clear Form

Description

| | |
|--|---|
| ATC Code <input type="text"/> | Active Substance(s) <input type="text"/> |
| Product Name <input type="text" value="Product Name"/> | Strength <input type="text" value="Strength"/> |
| Pharmaceutical Dose Form <input type="text" value="Pharmaceutical Dose Form"/> | Is substitution of Brand name allowed* <input type="radio"/> Yes <input type="radio"/> No |

Packaging

| | |
|---|---|
| Package Description* <input type="text" value="Package description"/> | Number of packages* <input type="text" value="Number of packages"/> |
|---|---|

Posology

| | | | | |
|---|---|--|---|---|
| Quantity* (Decimal noted as .) <input type="text" value="Quantity"/> | Units per Intake* <input type="text" value="Units per Intake"/> | Every: | Frequency of Intake* <input type="text" value="Frequency of Intake"/> | Frequency of Intake Unit* <input type="text" value="Frequency of Intake Unit"/> |
| Route of Administration* <input type="text" value="Route of Administration"/> | Duration of treatment* <input type="text" value="Duration of Treatment"/> | Duration Units* <input type="text" value="Duration unit"/> | Onset Date <small>Correct format is: dd-mm-yyyy</small> <input type="text" value="dd-mm-YYYY"/> | |

Instructions to patient

Advices to dispenser

All fields with (*) are mandatory

Clear Form Cancel **Save**



CY2024101400000063

14/10/2024

(A10AE04) insulin glargine 100U/ML

Active



Author: ΑΝΤΩΝΙΟΥ ΖΗΝΩΝΑΣ

Description

Brand Name: ABASAGLAR SOLUTION FOR INJECTION 100U/ML

Strength: 100U/ML

Dose form: SOLUTION FOR INJECTION

Packaging: 1 × (PACK WITH 10 CARTRIDGES X 3ML)

ATC Code: A10AE04

Active Ingredient: insulin glargine

Treatment

Quantity: 1 CARTRIDGE(S)

Frequency: EVERY 1 DAY(S)

Route of Administration: SUBCUTANEOUS USE

Advices to dispenser:

Duration: 1 week

Onset Date (Day/Month/Year): 14/10/2024

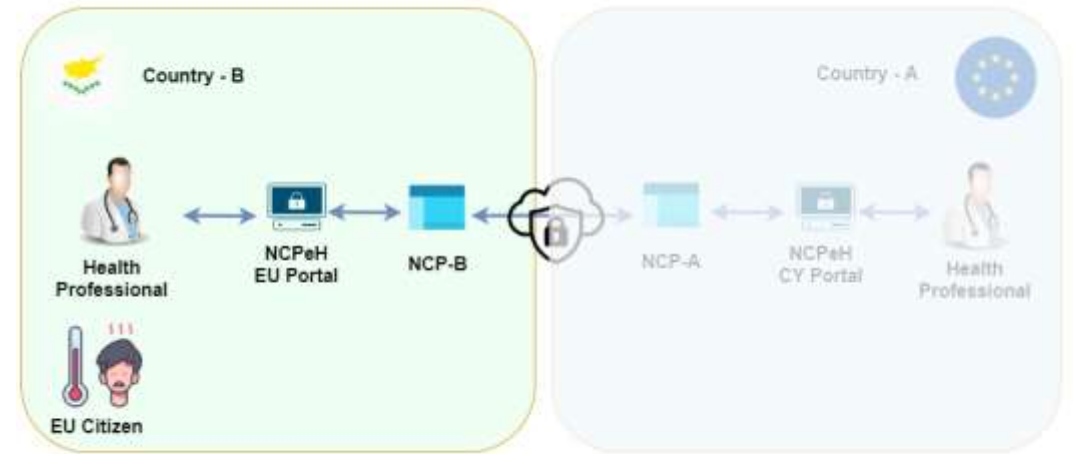
Instructions to patient:



Ρόλος: Ιατρός

Σενάριο 3:

Ανάκτηση Συνοπτικού Ιστορικού Υγείας ασθενούς /πολίτη ΕΕ – Patient Summary B (PS B)



i Welcome to the National Contact Point (NCP), Cyprus



Select the Country of the Patient



Czech Republic



Estonia



Spain



Finland



France



Greece



Croatia



Hungary



Ireland



Luxembourg



Malta



Netherlands



Poland



Portugal



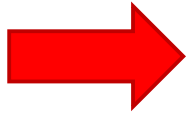
Sweden



Slovenia

Greece Patient Data Retrieve Form

nationalSecurityNumber



Search

Emergency procedure

Choose if it is an emergency procedure that prevents the patient from giving consent.

Greece Patient Data Retrieve Form

nationalSecurityNumber

01017515303

Search

Emergency procedure

Choose if it is an emergency procedure that prevents the patient from giving consent.

Patient Details

Name: ΜΑΡΙΑ

DOB: 01-01-1975 (day-month-year)

FamilyName: ΔΗΜΟΥ

Gender: female

Address: ΛΥΚΟΥΡΓΟΥ 10, City: ΑΘΗΝΑΙΩΝ Postal Code: Country:
GREECE

Please define the reason for accessing the patient data

TREATMENT

EMERGENCY

Retrieve Medical Documents List

Greece Patient Data Retrieve Form

nationalSecurityNumber

01017515303

Search

Emergency procedure

Choose if it is an emergency procedure that prevents the patient from giving consent.

Patient Details

Name: ΜΑΡΙΑ

DOB: 01-01-1975 (day-month-year)

FamilyName: ΔΗΜΟΥ

Gender: female

Address: ΛΥΚΟΥΡΓΟΥ 10, City: ΑΘΗΝΑΙΩΝ Postal Code: Country:
GREECE

Please define the reason for accessing the patient data

TREATMENT

EMERGENCY

Retrieve Medical Documents List

Patient Documents List

Description: The Patient Summary document (CDA L1 / PDF body) for patient 01017515303

Filetype: PDF 

Open Pdf Document

Description: The Patient Summary document (CDA L3 / Structured body) for patient 01017515303

Filetype: CDA XML 

Open Clinical Document

Patient Documents List

Description: The Patient Summary document (CDA L1 / PDF body) for patient 01017515303

Filetype: PDF 

Open Pdf Document 

Description: The Patient Summary document (CDA L3 / Structured body) for patient 01017515303

Filetype: CDA XML 

Open Clinical Document



lyu6rb34dfcPNLLAplbmRzdHJlYW0KZW5kb...

1 / 5



75%



Υπουργείο Υγείας / Ministry of Health

Ιατρικό Ιστορικό Ασθενή

Ημερομηνία δημιουργίας εγγράφου:

01/07/2022

Ημερομηνία τελευταίας ενημέρωσης εγγράφου:

01/07/2022

Στοιχεία ασθενή

| | | | |
|---------------|-------------|-----------|--------------|
| ΑΜΚΑ | 01017515303 | Διεύθυνση | ΛΥΚΟΥΡΓΟΥ 10 |
| Όνοματεπώνυμο | ΔΗΜΟΥ ΜΑΡΙΑ | Πόλη | ΑΘΗΝΑΙΩΝ |
| Ημερομηνία | 01/01/1975 | Χώρα | ΕΛΛΑΔΑ |
| Φύλο | Γυναίκα | | |

Δημιουργός εγγράφου


Στοιχεία

| | |
|-------------------------|---------------------------------------|
| Οδός / Πόλη / ΤΚ / Χώρα | Λυκούργου 10 / Αθήνα / 10551 / Ελλάδα |
| Τηλέφωνο | - |
| E-mail | servicedesk@ncpehealth.gr |

Λογισμικό δημιουργίας ιατρικού ιστορικού

Patient Documents List

Description: The Patient Summary document (CDA L1 / PDF body) for patient 01017515303

Filetype: PDF 

Open Pdf Document

Description: The Patient Summary document (CDA L3 / Structured body) for patient 01017515303

Filetype: CDA XML 

Open Clinical Document



▶ See details

Creation Date of the Document

2022-07-01 20:59:16 (+03:00)

Last Update of the Information

2022-07-01

Original Document Language

Greek, Modern (1453-)-GREECE

▼ Clinical sections

▼ Allergies and adverse reactions Document

▶ Original narrative

▼ Translated coded

| Reaction Type | Clinical Manifestation | Agent | Onset Date | Severity |
|----------------------|------------------------|--------------|------------|--------------------|
| Allergy to food | Urticaria | Kiwi fruit | 2021-02-19 | Mild |
| Allergy to drug | Nausea | amoxicillin | 2021-02-19 | Moderate to severe |
| Allergy to substance | Vomitus | grass pollen | 2021-02-19 | Severe |

▼ Problem list - Reported

▶ Original narrative

▼ Translated coded

| Active Problem | Onset Date |
|---------------------------|------------|
| Malaise and fatigue (R53) | 2020.11.13 |

History of Medication use Narrative

Original narrative

| Medicinal Product | Active Ingredient | Strength | Dose Form | Units per Intake | Frequency of Intakes | Route of Administration | Duration of Treatr |
|---|-------------------------------|---------------------|-----------|------------------|----------------------|-------------------------|--------------------|
| LANTUS INJ.SOL 100 IU/ML CARTR,3ML BTX5CARTR,X3ML | INSULIN GLARGINE | 100 IU/ML CARTR,3ML | INJ.SOL | 1 mg/mL | 1 φορά την ημέρα | | 2020-11-13 |
| YASMINELLE F.C.TAB (3,0+0,020)MG/TAB BLIST 1 x 21 | . | (3,0+0,020)MG/TAB | F.C.TAB | 1 MG+MG | 1 φορά την ημέρα | | 2023-04-07 |
| YASMINELLE F.C.TAB (3,0+0,020)MG/TAB BLIST 1 x 21 | DROSPIRENONE,ETHINYLESTRADIOL | (3,0+0,020)MG/TAB | F.C.TAB | 1 MG+MG | 1 φορά την ημέρα | | 2023-04-07 |
| EUTHYROX TAB 100MC/TAB BTx50 | LEVOTHYROXINE SODIUM | 100MC/TAB | TAB | 1 ug | 1 φορά την ημέρα | | 2023-11-15 |
| ANAFRANIL C.TAB 10MG/TAB BTX30 (BLIST 3x10) | CLOMIPRAMINE HYDROCHLORIDE | 10MG/TAB | C.TAB | 1 mg | 3 φορές την ημέρα | | 2020-11-13 |

Translated coded

| Medicinal Product | Active Ingredient | Strength | Dose Form | Units per Intake | Frequency of Intakes | Route of Administration | Duration of Treatment | Medication Reason |
|-----------------------------------|---|-----------------|------------------------|-------------------|----------------------|-------------------------|---------------------------------|-------------------|
| insulin glargine | insulin glargine (A10AE04) | ! NoInformation | Solution for injection | 1 mg/mL - 1 mg/mL | Every 1 day | | From 2020-11-13 Until ! unknown | |
| drospirenone and ethinylestradiol | drospirenone and ethinylestradiol (G03AA12) | ! NoInformation | Film-coated tablet | 1 MG+MG - 1 MG+MG | Every 1 day | | From 2023-04-07 Until ! unknown | |
| drospirenone and ethinylestradiol | drospirenone and ethinylestradiol (G03AA12) | ! NoInformation | Film-coated tablet | 1 MG+MG - 1 MG+MG | Every 1 day | | From 2023-04-07 Until ! unknown | |
| levothyroxine sodium | levothyroxine sodium (H03AA01) | ! NoInformation | Tablet | 1 ug - 1 ug | Every 1 day | | From 2023-11-15 Until ! unknown | |
| clomipramine | clomipramine (N06AA04) | ! NoInformation | Coated tablet | 1 mg - 1 mg | Every 8 hour | | From 2020-11-13 Until ! unknown | |



Ερωτήσεις;

Υποστηρικτικές Υπηρεσίες

1. Helpdesk:

Email: helpdesk@neha.org.cy

Ώρες Λειτουργίας: 7:30 π.μ. – 3:00 μ.μ.

Μέρες Λειτουργίας: Δευτέρα μέχρι Παρασκευή

Τηλέφωνο: 22 436038

2. Wiki: Support Wiki

Μια βοηθητική πλατφόρμα όπου περιέχει περαιτέρω πληροφορίες για τις Διασυννοριακές υπηρεσίες που υποστηρίζονται, καθώς επίσης και σενάρια χρήσης.

Εθνική Αρχή Ηλεκτρονικής Υγείας

Ηλεκτρονικές Διασυννοριακές Υπηρεσίες Υγείας

Ευχαριστούμε για την προσοχή σας!

