

TREATMENT REGISTRATION FORM  
2018

DATES OF YOUR STAY: from ..... to .....

## HYDROTHERAPY TREATMENT PACKAGE

 18 days     12 days     6 days     Sensicure (6 days)
**Indication of your treatment:**
 Eczema / Atopic dermatitis     Psoriasis     Post-Cancer     Burns/Scars  
 Oral Mucous conditions     Ichtyosis     Sensitive skin     Other: .....
**Information concerning the patient:**
 Mrs     Mr     Child (precise  M or  F)

Last Name: ..... First name: .....

Complete address: .....

Zip code: ..... City: ..... Country: .....

Tel / Mobile: ..... Date of birth: .....

E-mail: .....@.....

**Arrival medical consultation appointment booked with:**

See note « PREPARE YOUR STAY »

 Dr COSTARD PETIT     Dr MARTINCIC     Dr PALLIEZ     Dr PLACINTESCU  
 Other .....

Appointment confirmed on ..... at ..... h .....

Mandatory

**Accommodation booked for your stay:**
 Home/Friends     Hotel     Rental     camping     Other

Precise: .....    .....    .....    .....

**Have you ever had Hydrotherapy treatment before?** Yes     No
 in Avène     Other, please precise: .....

**How did you hear about Avène centre?** Press/Media, Social Network, Doctor, Pharmacy, Family/Friend, Avene products, Internet search...

Please precise: .....

**Information concerning your referring doctor (if applicable):**

Name: ..... First name: .....

Address: .....

Zip code: ..... City/Country: ..... Tel.: .....

Dermatologist  General Pract.  Paediatrician  Oncologist  Other.....

**COMPLETE YOUR REGISTRATION WITH:**

↪ **Deposit of 100 €** paid by credit card upon registration on [www.avenecenter.com](http://www.avenecenter.com)

(For bank transfer please contact us)

↪ **Comments** (schedule constraints, other...):

.....  
.....

**Complete this document and send it back to:**

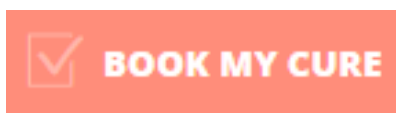
**LES THERMES D'AVENE – 34260 Avène – France**

**Fax: 04 67 23 44 71**

**Email: [contact.avenecenter@pierre-fabre.com](mailto:contact.avenecenter@pierre-fabre.com)**

**Or Register directly from our website**

**[www.avenecenter.com/en](http://www.avenecenter.com/en)**



**By sending this registration form completed, I certify I have read and accept the Terms and conditions from Avene Center.**

Date ...../...../2018

**Signature :**



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[www.avenecenter.com](http://www.avenecenter.com)