

TREATMENT REGISTRATION 2019

➤ **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

Ichthyosis

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, you have made an appointment with:

See note « **PREPARE YOUR STAY 2019** »

Dr DULGUEROVA

Dr MARTINCIC

Dr PALLIEZ

Dr PLACINTESCU

Other

Appointment confirmed for (date) at h

Mandatory

Accommodation booked for your stay:

Home/Friends

Hotel

Rental

camping

Other

Precise (Name, address):

Have you ever had Hydrotherapy treatment before?

Yes

No

in Avène

Other, please precise:

How did you hear about Avène centre?

Les Thermes d'Avène

Les Bains d'Avène - 34260 Avène - France - Tél. : +33(0)4 67 23 41 87

www.avenecenter.com

Press/Media, Newspaper, 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 REGISTRATION WITH:

↪ **Deposit of 100 €** paid by credit card with registration on www.avenecenter.com/en
(For bank transfer please contact us)

↪ Consult our [Terms and conditions](#)

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

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Complete this document and send it back to:

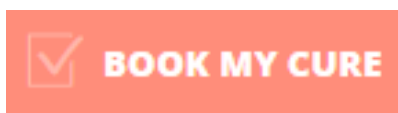
LES THERMES D'AVENE – 34260 Avène – France

Fax: +33(0)4 67 23 44 71

Email: contact.avenecenter@pierre-fabre.com

Or Register directly from our website

www.avenecenter.com/en



By sending this registration form completed, I the undersigned.....
certify I have read and accept the [Terms and conditions](#) from Avene Center.

Date/...../2019

Signature :

