

## TREATMENT BOOKING FORM 2020

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

## Hydrotherapy treatment package chosen:

18 days       12 days       6 days       SensiCure (6 days)

## Indication of your treatment:

Eczéma / 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)

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

Complete Address: .....

.....

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

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

E-mail : .....

## Appointment for your arrival medical consultation:

Mandatory

See note « Prepare your stay 2020 »

Dr DULGUEROVA       Dr MARTINCIC       Dr PALLIEZ       Dr PLACINTESCU       Other .....

Appointment confirmed for (date) ..... at (time).....

## Accommodation booked for your stay:

Home/friends       Hotel       Rental       Camping       Other

Name and address: .....

First time in hydrotherapy?       Yes       No  
 in Avène ?       Other, please precise : .....

## How did you hear about Avène center?

Press/Media, Newspaper, Social Network, Doctor, Pharmacy, Family/Friend, Avène products, Internet ...

Please precise: .....

Information concerning your referring doctor (if applicable):

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

Address: .....

Zip code: ..... City: ..... Tel.: .....

Dermatologist  General Pract.  Pediatrician  Oncologist  Other .....

COMPLETE YOUR REGISTRATION WITH:

➤ Deposit of 100€ paid by credit card with online booking at [www.avenecenter.com/en](http://www.avenecenter.com/en)  
(for bank transfer please contact us)

➤ Consult our [Terms and Conditions](#)

➤ Comments (schedule constraints, other...):

.....  
.....

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

Date...../...../2020

Signature :



[Signature box]

➤ Complete this document and send it back to:

LES THERMES D'AVENE - Les Bains d'Avène - 34 260 Avène – France

Fax: +33(0)4 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)

