

TREATMENT BOOKING FORM 2021

DATES OF YOUR STAY: from to

Hydrotherapy treatment package chosen:

18 days 12 days 6 days SensiCure - 6 days ⁽¹⁾

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:

Please consult our information note « Prepare your stay 2021 - key steps »

Mandatory

Medical appointment is booked with Dr

(date and schedule of your appointment) on at

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:

(1) For booking "Sensicure Experience" 2 or 3 days, please consult us.

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
(for bank transfer please contact us)

➤ Consult our [Terms and Conditions](#)

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

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

Date...../...../2021

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

➤ Or register directly from our website

www.avenecenter.com/en

