

## TREATMENT BOOKING FORM 2021

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

### Hydrotherapy treatment package chosen:

- 18 days     
  12 days     
  6 days     
  SensiCure - 6 days <sup>(1)</sup>

### Indication of your treatment:

- Eczéma / Atopic dermatitis     
  Psoriasis     
  PostCancer     
  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, Avene 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](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...../...../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](mailto:contact.avenecenter@pierre-fabre.com)**

➤ Or register directly from our website

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

