

Registration Form

Name and surname

Age Weigh (in kgr) Height (in cms)

Date of birth

Occupation

Address

.....

Town / City

Postal code

Telephone

E-mail

Fax

Procedure / treatment

How did you find out about us?

If you do not wish to receive information about Symmetria in print or electronic format please tick this box

This form has been completed following the patient's request for information.

Date

Signature

Please sign and return this form to fax no + 30 210 6773731 or by mail to:

Symmetria, Ethnikis Antistaseos 66, Halandri, Athens 1523, Greece