

**Mecsek Tours Kft**  
**The travel and marketing agency of the SPA Tourism Consortium of Harkany.**  
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**ORDER-FORM**

**Name of procurer agency/institution:** \_\_\_\_\_

Name of the patient: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Address: \_\_\_\_\_

Number of the parties escorting the patient

Name of the parties: \_\_\_\_\_ Name of the members of a family: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date** ( from Monday till Monday, 21 nights in total): \_\_\_\_\_

**The first week for the patient** ( 7 nights+full board+ treatments) : \_\_\_\_\_ from \_\_\_\_\_ til

Spa Hospital Harkány

Single bedroom ( surcharge!)

Double bedroom (2 persons in one room)

**The second and third weeks for the patient**(14 nights in total+treatments): \_\_\_\_\_ from \_\_\_\_\_ til

Thermal Hotel Harkány\*\*\*\*  Hotel Dráva Thermal Resort\*\*\*\*

The required accommodation:

Single bedroom ( surcharge!) \_\_\_ no. of rooms \_\_\_ persons

Double bedroom \_\_\_ no. of rooms \_\_\_ persons

**The first week for the family members** ( while the patient stays at the hospital):

Single bedroom ( surcharge!)) \_\_\_ no. of rooms \_\_\_ persons

Double bedroom \_\_\_ no. of rooms \_\_\_ persons

**The data below can be completed also after the confirmation of the date and the price.**

Request for transfer?: yes , no

Which means of transport the guest arriving with? :  airplane /  other \_\_\_\_\_

**Place of arrival:** City \_\_\_\_\_, terminal: \_\_\_\_\_ flight number: \_\_\_\_\_

Date of arrival: \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ hour \_\_\_\_\_ minute

**Place of departure:** City \_\_\_\_\_ address \_\_\_\_\_

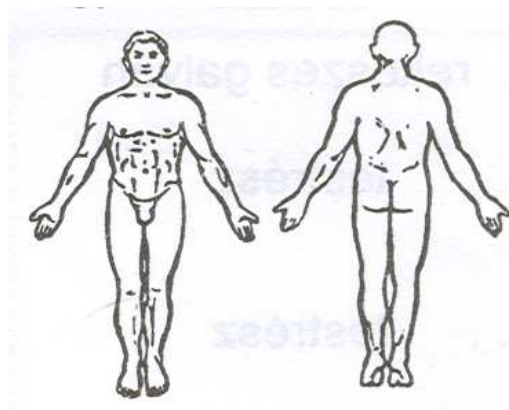
Date of arrival: \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ hour \_\_\_\_\_ minute

Flight number: \_\_\_\_\_ Terminal: \_\_\_\_\_.

**Please answer the questions below for selecting the right treatment for you:**

Medical state assessment

1. Please mark your psoriasis symptoms in the picture!



2. Please write down your medicaments that you constantly take! \_\_\_\_\_  
\_\_\_\_\_

3. Please write down all the diseases you have had, especially considering the problems caused by tumor, thrombosis, vascular lesion.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify with my signature that all the given data correspond to reality and I got acquainted and I accept the conditions of the services.

Signature of the procurer : \_\_\_\_\_

**Confirmation:**

**Patient:**

Name: \_\_\_\_\_

Date \_\_\_\_ from \_\_\_\_ til Spa Hospital, \_\_\_\_ from \_\_\_\_ til \_\_\_\_\_

Type of treatment: \_\_\_\_\_ Price: \_\_\_\_\_

**Parties escorting the patient:**

Date \_\_\_\_ from \_\_\_\_ til Roomlist : \_\_ number of rooms,

double room \_\_\_\_ persons, \_\_\_\_\_ single rooms \_\_\_\_ persons

Name of the hotel: \_\_\_\_\_

Price of the package: \_\_\_\_\_

The total price: \_\_\_\_\_

We ensure with our signature that in behalf of the personality rights of the procurer we deny the accessibility to the given data for third party.

Date of the confirmation: \_\_\_\_\_

\_\_\_\_\_  
Signature of the hotel

\_\_\_\_\_  
Signature of the Spa Hospital