

## Authorization to publish your professional details on the LymphoSuisse website

To return

- by e-mail: info@lymphosuisse.ch
- by fax: +41213140761
- by poste: LymphoSuisse  
c/o Service d'angiologie  
Ch. de Mont-Paisible 18  
CH-1011 Lausanne

Title .....

Last Name ..... First Name .....

Private Cabinet .....

Address .....

Zip code ..... City .....

Region..... District .....

Phone number ..... Fax .....

E-mail .....

Profession .....

Level of training (Please enclosed certificates or diplomas)

- Basic MLD training
- Therapeutic (MLD + bandages)
- Advanced therapeutic (MLD + bandages + formation continue)
- CAS Angio (Certificate of Advanced Studies)
- Nurse specialized in wound treatment
- Specialized nurse: .....
- Orthopedic technician, specific training flat-knit stocking measurement
- General practitioner
- Angiologist
- Specialist physician: .....
- Other: .....

Management of lipoedema:

Home service:

Reimbursed by basic insurance:

Reimbursed by supplementary insurance:

With my signature, I certify that the above information is true, and I authorize my contact details to be published on the LymphoSuisse website.

Date ..... Signature .....