



OMILOS EKSIPIRETITON
(THE SERVERS' SOCIETY)
SPIRITUAL CENTER

SARANTAPOROU 9, 111 44 ATHENS

Tel. No: 210 20 15 194

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Email : therapeia@omilos-eksipiretiton.gr

PATIENT'S APPLICATION FORM FOR SPIRITUAL HEALING

NAME:

SURNAME:

DAY OF BIRTH:

ADDRESS:

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TEL. NO:

OCCUPATION:

MARITAL STATUS:

To the Spiritual Healing Section

I request from the Spiritual Healing Section of Omilos Eksipiretiton to help me through Spiritual Healing. I will report about the condition of my health at least once a month knowing that otherwise spiritual healing will be ceased.

I attach my medical history, a recent photograph and copies of my medical examinations (if there are any).

S I G N A T U R E

DATE

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Please note that Spiritual Healing is by no means against or substitute for traditional medicine, neither does it intervene to its work in any way.

