

Healing Report (Response to Ministry)

Name: _____ Date: _____

Please describe your previous condition, including your physician's diagnosis, if possible.

Please say why you feel you are healed, or partially healed. Tell what relief you are experiencing, what you can now do that you could not, and any report from your physician.

Signature: _____ Date: _____

I approve the use of my story for encouraging others. (Please place your address and phone on back of card.)

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