

# BEDIKAH/SHEILOH DROP BOX FORM FOR THORNHILL

Attention: Rabbi Korobkin

## Please indicate how you would like a response:

Name (optional): \_\_\_\_\_

Phone #: \_\_\_\_\_ Can I leave a message on Voice Mail?  Yes  No

Email: \_\_\_\_\_  Text Message

## **My preference:**

Rabbi Korobkin\*  Rabbi Scheiner\*  Qualified rabbi on call

Please have a rebbetzin contact me with the response \*Checking this box may result in a delayed response

Do you require a response before this evening?  Yes  No

## Important facts:

Please complete this information:

I performed a hefsek tahara, on \_\_\_\_\_ (day of the week),  
\_\_\_\_\_ (date) in the afternoon.

Did you experience discomfort when performing a bedika?  Yes  No

Have you recently had a gynaecological procedure?  No  Yes \_\_\_\_\_

Please write any other relevant factors and important information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Instructions:

Please drop off this form with the bedika/sheiloh in the mailbox outside of the keilim mikveh (in the utility room). Each bedika should be placed in a small plastic bag. In each bag, please place a separate, completed tab from below to accompany each bedika.

*This bedikah is a:*

Regular Bedikah: Day # \_\_\_\_\_  AM  PM

Hefsek tahara

Moch

Contact: # \_\_\_\_\_ or email: \_\_\_\_\_

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