ATTENTION: RABBI YOSEF WEINSTOCK **NAME (optional)** _____

Please indicate how you would like a response: Phone # _____ e-mail _____

☐ Do you prefer a text message ☐ Do you prefer an e-mail

Please place an X in the appropriate place:

DAY IN WEEK	DAY IN COUNT
SUNDAY	DAY 1 AM PM
MONDAY	DAY 2 AM PM
TUESDAY	DAY 3 AM PM
WEDNESDAY	DAY 4 AM PM
THURSDAY	DAY 5 AM PM
FRIDAY	DAY 6 AM PM
SHABBOS	DAY 7 AM PM
HEFSEK TAHARA	MOCH DACHUK

Did you experience discomfort when performing bedikah? ☐ Yes ☐ No

Have you recently had a Gynecological procedure? ☐ No

☐ Yes _____

Any other relevant factors:

_____

Envelopes are available at:
Young Israel of Hollywood-Fort Lauderdale
3291 Stirling Road
Hollywood, FL 33021
(954) 966-7877

Please use one envelope per question.