

To S.P.H.C.I. Fr+ Tm+ di Miriam
H E A D Q U A R T E R S

I, the undersigned, (first name, surname)
of / of the late.....(mother's name only)
ask to benefit from the therapeutic assistance of hermetic distance medicine.

I hereby declare:

1. that I am in possession of a clinical diagnosis of the pathology from which I am suffering
2. that I shall continue to follow the clinical therapies and treatments prescribed by my doctor or other specialists previously consulted
3. that I may have the diagnosis freely examined solely by active doctor members of the S.P.H.C.I. Fr+ TM+ di Miriam who are bound by an obligation of secrecy and by the law on privacy
4. that I have been informed that the hermetic therapeutic assistance provided is totally free of charge and that I shall owe nothing, either in the form of money or in any other form, even to active doctor members of the S.P.H.C.I. whom I might choose to contact
5. that I have been informed that hermetic medicine is practised at a distance, in other words with no physical contact or the laying on of hands on the patient; that it is based on respect for the faiths and beliefs of all individuals, and thus does not use methods of personal persuasion, nor does it induce psychological or other forms of dependence on S.P.H.C.I., nor on any of its members; that it in no way makes any empty promises of miraculous healings; that it is based on the most unselfish desire for the good and love for those who suffer; that, by means of ancient, traditional formulas and prayers, it aims to reawaken the vital principle inherent in all living organisms, activating mechanisms of self-healing or, at the very least, to strengthen the will to recover in persons debilitated by pain and disease, bolstering trust in medical treatment; that it also aims to enhance and give virtual support to the work of official medical science, of its facilities and treatment methods
6. that, at and for the appointed time, my thoughts shall go to the S.P.H.C.I. member whom I know, attempting to visualise the diseased organ or the symptoms of my illness, while awaiting hermetic therapeutic assistance, with a view to activating the natural processes of self-healing in my vital principle and assisting the medical treatment in order to defeat the pain and illness to the very depths of my being.

Date:..... Signature:.....