

**Living Word Healing Room Ministry
Praise Report/Prayer Request Form**

(For use with **Praise Report** or **Prayer Request** for others)

Date: ____ \ ____ \ ____

Please pray for: _____

Address: _____

Specific Prayer request:

This person is currently hospitalized:

Yes\NO _____

Hospital Name: _____

Submitted by: _____

Phone: _____



**He sent His Word and healed them
and delivered them from their de-
structions—Psalms 107:20**



LIVING WORD HEALING ROOM MINISTRY

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Healing
Room Praise
Report

**JESUS CHRIST, THE SAME,
YESTERDAY, & TODAY &
FOREVER - Heb. 13:8**

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TLW-HR-P05

