

- BEDIKAH/SHAILAH DROP BOX FORM -

Do you require a response before this evening? (Yes No)

Please indicate whom you would like to answer your question:

- | | |
|--------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Rabbi Avrohom Weinrib | <input type="checkbox"/> Rabbi David Spetner |
| <input type="checkbox"/> Rabbi Ezra Goldschmiedt | <input type="checkbox"/> Qualified rabbi on call (may result in a faster response) |

Please indicate how you would like a response:

- Please have the above noted rabbi contact me with the response
- Please have Mrs. Elisa Travis contact me with the response
- Please have a rebbetzin contact me with the response

Contact information:

Name (optional): _____

Phone: _____ (can a message be left on voicemail? Yes No)

Text message: _____ Email: _____

Important facts:

I performed a *hefsek taharah* _____ (day of the week), _____ (date) in the afternoon.

Did you experience discomfort when performing a *bedikah*? (Yes No)

Have you recently had a gynecological procedure? (Yes No)

Please write any other relevant factors and important information:

Please drop off this form with the *bedikah/shailah* in the mailbox outside the *mikveh* entrance, and send a text message to Mrs. Elisa Travis (513-373-5675) noting (1) that a drop-off has been made and (2) whom you would like your question to be referred to. Each *bedikah* should be placed in a small plastic bag. In each bag, please place a separate, completed tab from below to accompany each *bedikah*.

This *bedikah* is a:

- Regular *bedikah*: Day # _____ AM PM
- Hefsek taharah*
- Moch*

Contact # or email: _____

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