



Christophe LIMAYRAC

Healer - Magnetizer

SIREN : 422 511 014

5 rue aux vanniers

78490 GALLUIS - FRANCE

Tel : (+33)635.565.089

Email : [contact@guerisseur-rebouteux.fr](mailto:contact@guerisseur-rebouteux.fr)

## REQUEST FORM FOR REMOTE HEALING

### REQUESTED BY :

FAMILY NAME :-----

GIVEN NAME :-----

ADDRESS :-----

-----

CITY :-----

PHONE :-----

Email :-----

Skype ID :-----

Dear Sir or Madam,

Further to your request for remote healing, I agree to assist you. While I can assure you that I will do my utmost, I cannot formally guarantee a particular outcome for you. However, to maximize the chances in our favor, and to try to provide you with some relief, this kind of treatment must meet six requirements:

1) Family name, given name and date of birth of the patient to be treated: -----

-----

2) You must provide a photo of the patient, on their own, less than two years old and, if at all possible, touched only by the patient. There should not be a body of water in the background and Polaroid photos are not recommended. Add a sample of writing, a lock of hair or a small object that belongs to the person concerned. These objects must be handled with care, so as to maintain as direct a link as possible between the patient and me. (For example: use tweezers to extract a voter card from the person's wallet and place it in a blank envelope.)

3) Summarize the condition or pain to be treated in three lines:-----

-----

-----

-----

4) Provide a complete list of all food and drink consumed by the person concerned over a continuous period of 7 days.

5) Attach your payment; the rates are as follows (sessions must be paid for in advance):

- \_250€ per treatment package, including requirements setting and five remote magnetizing sessions.

- \_200€ per 5 sessions for renewals, if necessary, depending on results achieved over the first month.

6) If the requester agrees to these terms, please return the attached form, dated and signed, including the following statement: Read and approved

-----

-----

Date:

Signature:

Treatment will begin once this form has been fully completed and received. Any enquiries that have not been progressed after two months will be destroyed in accordance with our procedure.

I remain at your service throughout.

Yours faithfully,

Christophe Limayrac  
Guérisseur - Rebouteux