



Islamic Shia Ithna-Asheri Jama'at of Toronto

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Du'ā Shifā-e-Mareez

Today's Date:

Contact Name:

Contact Phone:

Contact Email:

E-mail Address:

Name of Individual who is unwell: _____

City/Country: _____ If in hospital, state which one: _____

Time Frame

One Week

Two Weeks

Please notify us at admin@jaffari.org if you wish to remove the request prior to the time frame you specified above.