



HAND OF HOPE®

JOYCE MEYER MINISTRIES WORLD MISSIONS

Doctor's Release

Trip Dates: Between _____ and _____, 20____.

Destination(s): _____

I am unaware of any medical reason that would prevent _____ from traveling and participating in Medical/Dental outreaches for the above mentioned dates.

Is the patient pregnant? YES _____ NO _____

If yes, I release the patient to travel YES _____ NO _____.

Doctor

Date