



Trillium Gift of Life Network
 157 Adelaide Street West, Suite 606
 Toronto, Ontario M5H 4E7
 Ph: 416-619-2342 or 1-888-977-3563 (1-888-9PRELOD)
 Email: prelod@giftoflife.on.ca



Program for Reimbursing Expenses of Living Organ Donors - PRELOD

Loss of Income Certificate

To be completed by the Applicant

Date of Birth: _____ Name: _____
MM DD YYYY LAST FIRST

Mailing Address: _____
NUMBER STREET APT. NO.

CITY/TOWN PROVINCE POSTAL CODE COUNTRY

Signature Of Applicant: _____ Date: _____
MM DD YYYY

To be completed by the Transplant Physician

Date of expected surgery: _____
MM DD YYYY

In my opinion, the above patient is incapable of working until: _____
MM DD YYYY

Comments: _____

Name of Hospital Program: _____ Telephone: (____) _____

Address: _____
NUMBER STREET CITY/TOWN POSTAL CODE

Signature: _____ Date: _____
MM DD YYYY