

Confirmation of Amputation

You are being requested to sign this form as your patient has applied for a one-time financial grant from The War Amps for new enrollees who may benefit from it during their recovery journey. The grant can be used to help them offset the costs associated with becoming an amputee.

This grant is separate from any prosthetic funding support we provide and will not have any impact on the amount eligible for prosthetic care.

To confirm eligibility, we require one of the following medical professionals to confirm the patient's level of amputation:

- Prosthetist
- Doctor (general practitioner, nurse practitioner, physiatrist)
- Occupational therapist
- Physiotherapist

Please complete the following statement.

I certify that _____ has a
Patient's first and last name

Type of amputation (e.g., left transtibial, right transfemoral, etc.)

Patient's date of birth: _____
day/month/year

Name of certifying medical professional: _____
First and last name

Licence number: _____

Medical professional's signature

Date (day/month/year)

**Please send your completed form to info@waramps.ca or by mail/fax (attention: Member Care).
Information collected may be processed by a third-party service provider.**