



Date: 2017-11-29

Dr. Dr Chad Collins
Medical Center : Harbour Medical Services
GP Telephone : 08 84474422
GP Fax No. : 08 8241 0325

RE: REQUEST FOR REFERRAL

Lindsay McGie is interested in taking part in the specific dietitian services program provided by **Fuel Your Life**. This is a comprehensive nutrition program that will greatly assist **Lindsay McGie** in achieving their nutrition and health goals. So that we can provide these services, we ask that you could please complete this referral.

Client consented to referral: Yes

COULD YOU PLEASE COMPLETE AND FAX A REFERRAL FOR :

Patient : Lindsay McGie **DOB :** 30-Mar-1945.
Address: 10 Tapping Crescent North Haven
Phone: 0449 863 201
Medicare #:
DVA file # (if applicable): SSS03344
DVA White Card conditions (if applicable):

(Provider Type)

Doctor

Business name: Fuel Your Life

Name: _____

Postal address: PO Box 303, BliBli, QLD 4560

Provider #: _____

Phone: 0401 302 872

Condition/s to be treated:

Fax: (07) 3905 1855

Signature: _____ **Date:** _____

Should you prefer to review Lindsay McGie prior to signing the referral, please advise and we will advise Lindsay McGie accordingly. We look forward to making a difference in the life of this patient.

Kind regards,
Tyson Tripcony
Managing Director - Fuel Your Life