



Date: 2018-01-11

Dr. Dr Stanley Osman

Medical Center : Lilydale Medical Centre

GP Telephone : (03)9735777

GP Fax No. : (03)97355702

**RE: REQUEST FOR REFERRAL**

**Chris Newell** 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 **Chris Newell** 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 :** Chris Newell **DOB :** 1950-10-02.

**Address:** 7A Helena St LilyDale, VIC, 3140

**Phone:** 0438007021

**Medicare #:**

**DVA file # (if applicable):** VTSN0563-White

**DVA White Card conditions (if applicable):** Respiratory trouble before and after exercising, COPD, Associated restrictive ventilation, T2DM, lung collapse, bilateral phrenic nerve palsy

**(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 Chris Newell prior to signing the referral, please advise and we will advise Chris Newell accordingly. We look forward to making a difference in the life of this patient.

Kind regards,

**Tyson Tripcony**

Managing Director - Fuel Your Life

