



Date: 2018-02-19

Dr. Dr Susan Wang  
Medical Center : Parkview Clinic  
GP Telephone : 03 9796 6888  
GP Fax No. : 03 9796 7686

**RE: REQUEST FOR REFERRAL**

**Ian Hardy** 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 **Ian Hardy** 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 :** Ian Hardy                      **DOB :** 1940-03-03.  
**Address:** 41 Angel Cl, Narre Warren South  
**Phone:** 0418 349 707 / 03 9704 5572  
**Medicare #:**  
**DVA file # (if applicable):** VSM 10624  
**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 Ian Hardy prior to signing the referral, please advise and we will advise Ian Hardy accordingly. We look forward to making a difference in the life of this patient.

Kind regards,  
**Tyson Tripcony**  
Managing Director - Fuel Your Life