



Date: 2018-02-18

Dr. Dr. Daniel Walls-Langdon

Medical Center : Torquay Walk in clinic

GP Telephone : (03) 5264 8838

GP Fax No. : (03) 5264 8843

RE: REQUEST FOR REFERRAL

Michael Johnston 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 **Michael Johnston** 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 : Michael Johnston

DOB : 12/09/1952.

Address: 8 Tubular Avenue, Torquay

Phone: 0408434802

Medicare #:

DVA file # (if applicable): VSM21393

DVA White Card conditions (if applicable): Right Knee Replacement

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

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life