



Date: 2017-11-26

Dr. Dr Yao-Jen Hsu

Medical Center : Medical One Morphett Vale

GP Telephone : 08 8186 2111

GP Fax No. : 08 8186 2766

RE: REQUEST FOR REFERRAL

Michael Coombs 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 Coombs** 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 Coombs DOB : 1952-12-07.

Address: 12 Kerrin Avenue, Morphette Vale

Phone: 0437764296

Medicare #:

DVA file # (if applicable): SSM02200

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

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life