



Date: 2018-10-31

Dear Dr. Dr Natalia Smithson
Clinic: Health and Wellbeing North Ward
Fax: (07) 4721 1606

RE: REQUEST FOR D904 - DVA REFERRAL

Jim Hanlon 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 **Jim Hanlon** in assisting the management of their conditions and help achieve their health and weight goals. So that we can provide these services and meet the requirements of the Department of Veteran Affairs, we ask that you could please assess the client and complete this referral if you believe a dietetic intervention will assist in the management of this client's condition/s.

Veteran consented to referral: Yes

COULD YOU PLEASE COMPLETE AND FAX A D904 FORM FOR:

Patient : Jim Hanlon **DOB :** 21/03/1957.
Address: 140 Miles Ave, Kelso, Townsville, QLD 4815
Phone: 0408 464 435
DVA file #: QSM55475
White Card conditions (if applicable):

Dietitian

Business name: Fuel Your Life

Postal address: PO Box 303, BliBli, QLD 4560

Name: Tyson Tripcony

Provider #: 449735TW

Phone: 0401 302 872

Fax: (07) 3905 1855

Doctor

Name: _____

Provider #: _____

Condition/s to be treated:

Signature: _____ **Date:** _____

Kind regards,
Tyson Tripcony
Accredited Practising Dietitian
Managing Director - Fuel Your Life