



Date: 2018-03-26

Dr. Dr Justin Cuffe

Medical Center : Mermaid Central Medical Clinic

GP Telephone : (07) 5575 2444

GP Fax No. : (07) 5572 7233

RE: REQUEST FOR REFERRAL

David Prout 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 **David Prout** 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 : David Prout DOB : 31/01/1969.

Address: 1 Makemo St, Pacific Pines QLD 4211

Phone: 0413 107 880

Medicare #:

DVA file # (if applicable): QSM32979- Gold

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

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life