



Date: 2018-02-20

Dr. Dr Paul Oâ€™™Hanlon

Medical Center : Tunstall Square Medical Centre

GP Telephone : 98423622

GP Fax No. : 98423998

RE: REQUEST FOR REFERRAL

Christine McDonald 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 **Christine McDonald** 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 : Christine McDonald **DOB :** 24/02/1929.

Address: Unit 84/37 Victoria St, Doncaster

Phone: 0400818447

Medicare #:

DVA file # (if applicable): VX043944A

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

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life