



Date: 2018-01-18

Dr. DR AUSTIN STERNE

Medical Center : Shop 7 / Cnr Leisure & Darlington Drive Banora Point, NSW 2486

GP Telephone : 0755905875

GP Fax No. : 0755905879

RE: REQUEST FOR REFERRAL

Anthony Solway 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 **Anthony Solway** 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 : Anthony Solway **DOB :** 3.1.1962.

Address: 27/291 Darlington Drive Banora Point 2486

Phone: 0755246624

Medicare #:

DVA file # (if applicable): NSM52017-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 Anthony Solway prior to signing the referral, please advise and we will advise Anthony Solway accordingly. We look forward to making a difference in the life of this patient.

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life