



Date: 2017-11-21

Dr. Dr Sue Shearman

Medical Center : John Street Medical Centre

GP Telephone : 0362291987

GP Fax No. : 0362297987

RE: REQUEST FOR REFERRAL

Ross Andrews 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 **Ross Andrews** 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 : Ross Andrews **DOB :** 29/03/1951.

Address: 32b Hutchins Street, Kingston Tasmania 7050

Phone: 0414 248 334

Medicare #:

DVA file # (if applicable): White Card: TSM04995

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

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life