



Date: 2018-02-05

Dr. Dr Ian McCombe
Medical Center : Victor Medical Centre
GP Telephone : 8551 3200
GP Fax No. :

RE: REQUEST FOR REFERRAL

John Blacket 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 **John Blacket** 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 : John Blacket **DOB :** 27/03/45.
Address: PO 1963 Victor Harbour
Phone: 0408450988
Medicare #:
DVA file # (if applicable): VKH06112
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 John Blacket prior to signing the referral, please advise and we will advise John Blacket accordingly. We look forward to making a difference in the life of this patient.

Kind regards,
Tyson Tripcony
Managing Director - Fuel Your Life