



Date: 2018-03-19

Dr. DR. WENDY LI

Medical Center : Selby Family Clinic

GP Telephone : 9754 3999

GP Fax No. : 9754 3354

**RE: REQUEST FOR REFERRAL**

**Michael Smith-Thompson** 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 **Michael Smith-Thompson** 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 :** Michael Smith-Thompson **DOB :** 08/02/1953.

**Address:** 13 Finmere crescent Upper Ferntree Gully, VIC 3156

**Phone:** 0414575795

**Medicare #:**

**DVA file # (if applicable):** VSM18597- White

**DVA White Card conditions (if applicable):** Non-Hodgkin lymphoma

**(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 Michael Smith-Thompson prior to signing the referral, please advise and we will advise Michael Smith-Thompson accordingly. We look forward to making a difference in the life of this patient.

Kind regards,

**Tyson Tripcony**

Managing Director - Fuel Your Life