



Date: 2019-02-05

Dear Dr. Dr Judith Sheridan  
Clinic: western sports ortho and GP clinic  
Fax: (08) 8353 1955

**RE: REQUEST FOR D904 - DVA REFERRAL**

**Kylie Stopp** 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 **Kylie Stopp** in assisting the management of their conditions and help achieve their health and weight goals. So that we can provide these services and meet the requirements of the Department of Veteran Affairs, we ask that you could please assess the client and complete this referral if you believe a dietetic intervention will assist in the management of this client's condition/s.

**Veteran consented to referral:** Yes

**COULD YOU PLEASE COMPLETE AND FAX A D904 FORM FOR:**

**Patient :** Kylie Stopp                      **DOB :** 14/06/1974.  
**Address:** 11 Korreng court Port Wakefield  
**Phone:** 0448 110 196  
**DVA file #:** SSM12691A  
**White Card conditions (if applicable):**

***Dietitian***

**Business name:** Fuel Your Life

**Postal address:** PO Box 303, Bli Bli, QLD 4560

**Name:** Tyson Tripcony

**Provider #:** 449735TW

**Phone:** 0401 302 872

**Fax:** (07) 3905 1855

***Doctor***

**Name:** \_\_\_\_\_

**Provider #:** \_\_\_\_\_

**Condition/s to be treated:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Kind regards,  
**Tyson Tripcony**  
*Accredited Practising Dietitian*  
*Managing Director - Fuel Your Life*