

Date: 2019-05-16



Dear Dr. Dr Eben Vijlion Clinic: Para Hills Clinic Fax: 0882585284

RE: REQUEST FOR D904 - DVA REFERRAL

Thomas Wayne (Wayne) Alexander 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 **Thomas Wayne (Wayne) Alexander** 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:	Thomas Wayne (Wayne	e) Alexander	DOB: 05-09-1953.
Address:	Unit 6/22 Oak Avenue,	Tonsley	

Phone: 0417558993 DVA file #: SSM07549

White Card conditions (if applicable):

Dietitian	Doctor	
Business name: Fuel Your Life	Name:	
Postal address: PO Box 303, Bli Bli, QLD 4560		
Name: Tyson Tripcony	Provider #:	
Provider #: 449735TW		
Phone: 0401 302 872	Condition/s to be treated	:
Fax: (07) 3905 1855	·	
	Signature:	Date:

Kind regards, **Tyson Tripcony**

Accredited Practising Dietitian

