



Date: 2018-03-01

Dr. Dr Greg Hales

Medical Center : Crestmead Medical Centre

GP Telephone : (07) 3803 5400

GP Fax No. : (07) 3803 5511

RE: REQUEST FOR REFERRAL

John Arnold 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 Arnold** 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 Arnold **DOB :** 07/09/1966.

Address: 27 Pedder St, Marsden QLD 4132

Phone: 0421653006

Medicare #:

DVA file # (if applicable): QSM59142- White

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

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life