



Date: 2018-02-01

Dr. Dr John Lee See

Medical Center : Sunnybank Hills General Practice

GP Telephone : (07) 3711 1400

GP Fax No. : 0737112248

RE: REQUEST FOR REFERRAL

Keith Ham 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 **Keith Ham** 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 : Keith Ham **DOB :** 6/5/50 .

Address: 148 Aquarius drive, Kingston QLD 4114

Phone: 0408 675 948

Medicare #:

DVA file # (if applicable): QSM31005- 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 Keith Ham prior to signing the referral, please advise and we will advise Keith Ham accordingly. We look forward to making a difference in the life of this patient.

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life