



Date: 2017-12-07

Dr. Dr Paul Ong

Medical Center : Northwest Medical Centre

GP Telephone : (08) 8258 2558

GP Fax No. :

RE: REQUEST FOR REFERRAL

Tom Camplin 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 **Tom Camplin** 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 : Tom Camplin **DOB :** 26-Apr-1945.

Address: 23 Johnston Road Elizabeth

Phone: 08 8255 7989

Medicare #:

DVA file # (if applicable): SSS00029

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

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life