



Date: 2018-01-12

Dr. Dr Meera Joshi

Medical Center : Mossfiel Medical Centre

GP Telephone : 0397496666

GP Fax No. : 0397488866

RE: REQUEST FOR REFERRAL

Graeme Potts 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 **Graeme Potts** 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 : Graeme Potts DOB : 1951-08-25.

Address: 459 High St, Melton VIC 3337

Phone: : 0401870358

Medicare #:

DVA file # (if applicable): VSS06648

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

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life