



Date: 2018-03-08

Dr. Doctor Adel R. Solomon

Medical Center : St. George Family Medical Centre

GP Telephone : (02) 6971 9009

GP Fax No. : 0269718481

## RE: REQUEST FOR REFERRAL

**June Finkelde** 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 **June Finkelde** 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 : June Finkelde                      DOB : 16/06/1933.

Address: 57 Wilks Ave, Wagga Wagga

Phone: 0269226756

Medicare #:

DVA file # (if applicable): NX335012A-GOLD

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

Kind regards,

**Tyson Tripcony**

Managing Director - Fuel Your Life