



Date: 2018-03-22

Dr. Dr Alenxander Dowland

Medical Center : Hyperdome Medical Centre

GP Telephone : (07) 3801 3444

GP Fax No. : (07) 38061437

RE: REQUEST FOR REFERRAL

Wayne Thomas 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 **Wayne Thomas** 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 : Wayne Thomas **DOB :** 22/03/1948.

Address: 7 Solana Court Springwood QLD 4127

Phone: 0432683072

Medicare #:

DVA file # (if applicable): QSS10261- 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 Wayne Thomas prior to signing the referral, please advise and we will advise Wayne Thomas accordingly. We look forward to making a difference in the life of this patient.

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life