

Date: 2018-10-05



**Dear Dr.** Cornelius Buma Clinic: Kingsway Medical Centre

Fax: 0893094933

## **RE: REQUEST FOR D904 - DVA REFERRAL**

**Kevin Scott** 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 **Kevin Scott** in assisting the management of their conditions and help achieve their health and weight goals. So that we can provide these services and meet the requirements of the Department of Veteran Affairs, we ask that you could please assess the client and complete this referral if you believe a dietetic intervention will assist in the management of this client's condition/s.

Veteran consented to referral: Yes

## COULD YOU PLEASE COMPLETE AND FAX A D904 FORM FOR:

Patient: Kevin Scott DOB: 19/11/44.

Address: 9 Cuttle Court, Mullaloo

Phone: 94013471 DVA file #: WSS04611

**.** ....

White Card conditions (if applicable):

Dietitian	Doctor	
Business name: Fuel Your Life	Name:	
Postal address: PO Box 303, BliBli, QLD 4560		
Name: Tyson Tripcony	Provider #:	
<b>Provider #:</b> 449735TW		
Phone: 0401 302 872	Condition/s to be treated:	
Fax: (07) 3905 1855		
	Signature:	Date:

Kind regards,

**Tyson Tripcony**Accredited Practising Dietitian
Managing Director - Fuel Your Life