



Date: 2017-11-27

Dr. Dr Ken Lajoie

Medical Center : Reynella Family Care

GP Telephone : 08 8321 9099

GP Fax No. : 08 8321 9092

RE: REQUEST FOR REFERRAL

David Dyer 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 **David Dyer** 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 : David Dyer **DOB :** 1970-12-12.

Address: 92 Concord Drive, Old Reynella

Phone: 0421597259

Medicare #:

DVA file # (if applicable): SSM08670

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

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life