



Date: 2018-01-12

Dr. Dr. Binay Kumar

Medical Center : Lilydale Medical Centre

GP Telephone :

GP Fax No. : 03 9736 1777

RE: REQUEST FOR REFERRAL

Peter McCallum 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 **Peter McCallum** 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 : Peter McCallum **DOB :** 30.1.1949.

Address: 14 Clematis Ave Mt Evelyn Victoria 3796

Phone: 0419159145

Medicare #:

DVA file # (if applicable): VSS12751

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

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life