



Date: 2018-02-15

Dr. Dr. Geoff Allen

Medical Center : Point Lonsdale Medical group

GP Telephone : (03) 52580888

GP Fax No. : 03 52582900

**RE: REQUEST FOR REFERRAL**

**Leonard Coles** 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 **Leonard Coles** 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 :** Leonard Coles                      **DOB :** 28/11/1951.  
**Address:** 13 Murray Road, Queenscliff  
**Phone:** 0401397236  
**Medicare #:**  
**DVA file # (if applicable):**  
**DVA White Card conditions (if applicable):** Back, Diabetes

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

Kind regards,

**Tyson Tripcony**

Managing Director - Fuel Your Life