



Date: 2018-02-21

Dr. Dr Joanne Rafe
Medical Center : Modern Medical Balwyn
GP Telephone : 1300225996
GP Fax No. : 98884877

RE: REQUEST FOR REFERRAL

Debra Butler 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 **Debra Butler** 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 : Debra Butler **DOB :** 1959-08-26.
Address: 11 Batt St, Doreen
Phone: 0414731959
Medicare #:
DVA file # (if applicable): VSM20629A
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 Debra Butler prior to signing the referral, please advise and we will advise Debra Butler accordingly. We look forward to making a difference in the life of this patient.

Kind regards,
Tyson Tripcony
Managing Director - Fuel Your Life