



Date: 2017-11-30

Dr. Dr Suresh Babu

Medical Center : St Agnes Medical Centre

GP Telephone : 08 8264 3333

GP Fax No. : 08 8263 8590

**RE: REQUEST FOR REFERRAL**

**Mike Haeusler** 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 **Mike Haeusler** 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 :** Mike Haeusler **DOB :** 02-Nov-1960.

**Address:** 11 Amundsen Drive INGLE FARM

**Phone:** 0409 727 200

**Medicare #:**

**DVA file # (if applicable):** SSM13440

**DVA White Card conditions (if applicable):** Partial tear of the Tibialis posterior tendon of the (L) ankle, Skin Cancer

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

Kind regards,

**Tyson Tripcony**

Managing Director - Fuel Your Life