



Date: 2018-02-15

Dr. Dr Anthony Wong

Medical Center : Rosny Doctors & Travel Clinic

GP Telephone : 0362441058

GP Fax No. : 0362450428

RE: REQUEST FOR REFERRAL

Peter Ruston 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 Ruston** 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 Ruston **DOB :** 12.11.1946.

Address: 33 Esplanade, Lindisfarne TAS 7015

Phone: 0438885381

Medicare #:

DVA file # (if applicable): TSS02368-GOLD

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

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life