



Date: 2018-02-26

Dr. Dr Natalie Wheaton
Medical Center : Mills Street Clinic
GP Telephone : (03) 9699 2064
GP Fax No. : (03) 9696 6816

RE: REQUEST FOR REFERRAL

Margaret Moir 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 **Margaret Moir** 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 : Margaret Moir **DOB :** 19/01/1967.
Address: 9/355 Beaconsfield Parade, Saint Kilda West
Phone: 042868007 (Pete, husband)
Medicare #:
DVA file # (if applicable): WSM10709
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 Margaret Moir prior to signing the referral, please advise and we will advise Margaret Moir accordingly. We look forward to making a difference in the life of this patient.

Kind regards,
Tyson Tripcony
Managing Director - Fuel Your Life