



Date: 2019-04-17

Dear Dr.

Clinic:

Fax:

**RE: REQUEST FOR D904 - DVA REFERRAL**

**Mervyn Bartlett** 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 **Mervyn Bartlett** in assisting the management of their conditions and help achieve their health and weight goals. So that we can provide these services and meet the requirements of the Department of Veteran Affairs, we ask that you could please assess the client and complete this referral if you believe a dietetic intervention will assist in the management of this client's condition/s.

**Veteran consented to referral:** Yes

**COULD YOU PLEASE COMPLETE AND FAX A D904 FORM FOR:**

**Patient :** Mervyn Bartlett                      **DOB :** 29-06-1955.

**Address:** 73A Alice Jackson Cres Gilmore ACT 2905

**Phone:** 0418 688 569

**DVA file #:** NSM 45011

**White Card conditions (if applicable):** Bowel Cancer

***Dietitian***

***Doctor***

**Business name:** Fuel Your Life

**Name:** \_\_\_\_\_

**Postal address:** PO Box 303, Bli Bli, QLD 4560

\_\_\_\_\_

**Name:** Tyson Tripcony

**Provider #:** \_\_\_\_\_

**Provider #:** 449735TW

\_\_\_\_\_

**Phone:** 0401 302 872

**Condition/s to be treated:**

**Fax:** (07) 3905 1855

\_\_\_\_\_

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Kind regards,

**Tyson Tripcony**

*Accredited Practising Dietitian*

*Managing Director - Fuel Your Life*