



Date: 2019-05-16

Dear Dr. Dr Christian (Chris) Morton  
Clinic: Aerodrome Road Medical Centre  
Fax: (07) 5443 9072

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

**John Lister** 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 **John Lister** 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 :** John Lister                      **DOB :** 16-11-1950.  
**Address:** Unit 119 Habourside Holiday Resort 48274 David Low Way Diddillibah QLD  
**Phone:** 0427 643 157  
**DVA file #:** QSM38036  
**White Card conditions (if applicable):**

***Dietitian***

**Business name:** Fuel Your Life

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

**Name:** Tyson Tripcony

**Provider #:** 449735TW

**Phone:** 0401 302 872

**Fax:** (07) 3905 1855

***Doctor***

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

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

**Condition/s to be treated:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Kind regards,  
**Tyson Tripcony**  
*Accredited Practising Dietitian*  
*Managing Director - Fuel Your Life*