



Date: 2018-02-05

Dr. Dr Brian Lynch

Medical Center : Norfolk House (Victor Harbor)

GP Telephone : 8552 3900

GP Fax No. :

**RE: REQUEST FOR REFERRAL**

**Clarence "Chris" Kuchenmeister** 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 **Clarence "Chris" Kuchenmeister** 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 :** Clarence "Chris" Kuchenmeister

**DOB :** 13/01/45.

**Address:** unit 1/2 Michael street, Encounter Bay

**Phone:** 85521946 0437299775

**Medicare #:**

**DVA file # (if applicable):** SSS00284

**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 Clarence "Chris" Kuchenmeister prior to signing the referral, please advise and we will advise Clarence "Chris" Kuchenmeister accordingly. We look forward to making a difference in the life of this patient.

Kind regards,

**Tyson Tripcony**

Managing Director - Fuel Your Life

