



Date: 2018-02-21

Dr. Dr. Ian Blair-Holt

Medical Center : Corio village medical centre

GP Telephone : (03) 5275 4568

GP Fax No. : (03) 5275 8610

RE: REQUEST FOR REFERRAL

Maximillian Herman 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 **Maximillian Herman** 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 : Maximillian Herman **DOB :** 28/02/1946.

Address: 7 Dixon court, Lara

Phone: (03) 52824940

Medicare #:

DVA file # (if applicable): VSS06055

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

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life