



Date: 2018-03-23

Dr. Dr Zein Salim

Medical Center : Goolwa Medical Centre

GP Telephone :

GP Fax No. : 8555 2404

### RE: REQUEST FOR REFERRAL

**Robert Schueler** 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 **Robert Schueler** 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 : Robert Schueler DOB : 19/4/1961.

Address: 26 Noble Street Goolwa North

Phone: 0410530113

Medicare #:

DVA file # (if applicable): SSM1409

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

Kind regards,

**Tyson Tripcony**

Managing Director - Fuel Your Life