



Date: 2018-02-19

Dr. Dr Slavo Doslo

Medical Center : Murray House Medical Centre

GP Telephone : (03) 9796 2222

GP Fax No. : (03) 9796 2918

RE: REQUEST FOR REFERRAL

Reginald Poole 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 **Reginald Poole** 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 : Reginald Poole DOB : 1/4/38.

Address: Unit 37/58-72 Centre Dandenong Road

Phone: 0408382112

Medicare #:

DVA file # (if applicable): VSR00384

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

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life