



Date: 2018-01-18

Dr. Dr Andrew McIntosh

Medical Center : Lilydale Medical Centre 246 Main Street

GP Telephone : 97357777

GP Fax No. : 97355702

RE: REQUEST FOR REFERRAL

Paul Payne 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 **Paul Payne** 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 : Paul Payne **DOB :** 1952-03-23.

Address: 4 Bede Avenue, Coldstream

Phone: 0418581829

Medicare #:

DVA file # (if applicable): VSM01860

DVA White Card conditions (if applicable): Decrease weight, bulging disk, gout, increase knee strength & RA

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

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life