



Date: 2018-01-10

Dr. Nidham Oda

Medical Center : Kilmore Medical Practice

GP Telephone : (03) 5781 0088

GP Fax No. : (03) 5781 0078

RE: REQUEST FOR REFERRAL

John Sharley 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 **John Sharley** 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 : John Sharley DOB : 1947-01-20.

Address: 15 Eden Pl, Wallan VIC 3756

Phone: 0409164838

Medicare #:

DVA file # (if applicable): VSS11411-Gold

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

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life