



Date: 2018-01-11

Dr. Dr Hon Young

Medical Center : Wyoming Medical Centre

GP Telephone : (02) 4329 1122

GP Fax No. : (02) 4329 1607

RE: REQUEST FOR REFERRAL

Peter Rayfield 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 **Peter Rayfield** 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 : Peter Rayfield **DOB :** 15.2.1954.

Address: 21 Elizabeth St Wyoming NSW 2250

Phone: 0490459047

Medicare #:

DVA file # (if applicable): NSM13794-White

DVA White Card conditions (if applicable): Left Knee OA, Lumbar Back Spondylolysis, Tinnitus, Solar Keratosis

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

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life