



Date: 2017-12-14

Dr. Dr Lizzy Harvey
Medical Center : Belair Medical Centre
GP Telephone : (08) 8279 7900
GP Fax No. :

RE: REQUEST FOR REFERRAL

Michelle Lench 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 **Michelle Lench** 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 : Michelle Lench **DOB :** 30-Dec-1966.
Address: -----
Phone: 0430 340 686
Medicare #:
DVA file # (if applicable): SSM08617
DVA White Card conditions (if applicable): L leg

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

Kind regards,
Tyson Tripcony
Managing Director - Fuel Your Life