



Date: 2018-01-12

Dr. DR Adrian Plaskitt

Medical Center : Swansea Channel Practice

GP Telephone : 02 4971 6663

GP Fax No. : 02 4971 6668

RE: REQUEST FOR REFERRAL

Greg Cole 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 **Greg Cole** 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 : Greg Cole **DOB :** 6.12.49.

Address: 3 Spotted Gum Ln, Murrays Beach NSW 2281

Phone: 0419532292

Medicare #:

DVA file # (if applicable): NSM54796-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 Greg Cole prior to signing the referral, please advise and we will advise Greg Cole accordingly. We look forward to making a difference in the life of this patient.

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life