



Date: 2018-03-16

Dr. DR Seema Ghafoor

Medical Center : Tristar Medical Group

GP Telephone : 03 9740 8800

GP Fax No. : 03 9740 8333

**RE: REQUEST FOR REFERRAL**

**Laura Fisher** 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 **Laura Fisher** 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 : Laura Fisher                      DOB : 19/02/1948.

Address: 5 Bloomdale Avenue, Diggers Rest, Vic 3428

Phone: 0428501006

Medicare #:

DVA file # (if applicable): VSS06687A-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 Laura Fisher prior to signing the referral, please advise and we will advise Laura Fisher accordingly. We look forward to making a difference in the life of this patient.

Kind regards,

**Tyson Tripcony**

Managing Director - Fuel Your Life