



Date: 2018-01-12

Dr. Dr Miriam Russo

Medical Center : Annie Lim Family Practice

GP Telephone : 026162 0463

GP Fax No. : 026162 0196

RE: REQUEST FOR REFERRAL

Tony Forestier 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 **Tony Forestier** 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 : Tony Forestier **DOB :** 15.3.1959.

Address: 51 Cunningham St, Kingston ACT 2604

Phone: 0419698581

Medicare #:

DVA file # (if applicable): NSM28953-WHITE

DVA White Card conditions (if applicable): Cancer, Knees, Sinus

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

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life