



Date: 2018-02-18

Dr. Dr Roxana Courtney  
Medical Center : Bayside Family Medical  
GP Telephone : 0395831630  
GP Fax No. : 0395850560

**RE: REQUEST FOR REFERRAL**

**George Alexander Mason** 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 **George Alexander Mason** 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 :** George Alexander Mason **DOB :** 13/12/1925.  
**Address:** 1 Holmby Road, Cheltenham  
**Phone:** 0458250225  
**Medicare #:**  
**DVA file # (if applicable):** VX108671  
**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 George Alexander Mason prior to signing the referral, please advise and we will advise George Alexander Mason accordingly. We look forward to making a difference in the life of this patient.

Kind regards,  
**Tyson Tripcony**  
Managing Director - Fuel Your Life