



Date: 2018-02-13

Dr. Stephen Baum

Medical Center : Endeavour Hills Medical Centre

GP Telephone : 03 9700 7777

GP Fax No. : 03 9708 1111

RE: REQUEST FOR REFERRAL

Peter Miller 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 **Peter Miller** 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 : Peter Miller **DOB :** 1950-08-18.

Address: 42 Clifton Way, Endeavour Hills

Phone: 0403 139 126 / 03 9700 4595

Medicare #:

DVA file # (if applicable): VSS 3074

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

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life