



Date: 2018-01-10

Dr. Nidham Oda

Medical Center : Kilmore medical practice

GP Telephone : (03) 5781 0088

GP Fax No. : (03) 5781 0078

RE: REQUEST FOR REFERRAL

David Taffe 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 **David Taffe** 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 : David Taffe **DOB :** 1941-04-24.

Address: 13 Curry Rd Kilmore, VIC, 3764

Phone: 0420815101

Medicare #:

DVA file # (if applicable): VSS2092-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 David Taffe prior to signing the referral, please advise and we will advise David Taffe accordingly. We look forward to making a difference in the life of this patient.

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life