



Date: 2018-03-19

Dr. Camilo Guerra

Medical Center : Everyday Medical Albany Creek

GP Telephone :

GP Fax No. :

RE: REQUEST FOR REFERRAL

Ross Clark 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 **Ross Clark** 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 : Ross Clark **DOB :** 1960-01-19.

Address: 4 Prasad Court, Albany Creek

Phone: 0411 151 438

Medicare #:

DVA file # (if applicable): QSM15887

DVA White Card conditions (if applicable): Lumbar spondylosis, torn medial meniscus in left knee, ruptured ACL in left knee, lateral ligament injury in right ankle

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

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life