



Date: 2018-01-12

Dr. Dr. David Foster

Medical Center :

GP Telephone : (03) 9720 5515

GP Fax No. : (03) 9720 5004

**RE: REQUEST FOR REFERRAL**

**James (Jim) Dewar** 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 **James (Jim) Dewar** 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 : James (Jim) Dewar DOB : 1945-05-23.

Address: 375 Boronia Road, Boronia

Phone: 0447160700

Medicare #:

DVA file # (if applicable): VS10605

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

Kind regards,

**Tyson Tripcony**

Managing Director - Fuel Your Life