



Date: 2018-01-25

Dr. Dr John Prior

Medical Center : Parkinson Plaza Medical Centre

GP Telephone : (07)32726677

GP Fax No. : (07)32724222

RE: REQUEST FOR REFERRAL

Leslie Chakalakis 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 **Leslie Chakalakis** 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 : Leslie Chakalakis **DOB :** 17.08.1937.

Address: U302/19 Masters St, Newstead QLD 4006

Phone: 0458 709 964

Medicare #:

DVA file # (if applicable): QKM05977-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 Leslie Chakalakis prior to signing the referral, please advise and we will advise Leslie Chakalakis accordingly. We look forward to making a difference in the life of this patient.

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life