



Date: 2019-04-10

Dear Dr. Dr Christelle Greef
Clinic: Ocean Wave Medical
Fax: 07 5491 8068

RE: REQUEST FOR D904 - DVA REFERRAL

Alan Christie 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 **Alan Christie** in assisting the management of their conditions and help achieve their health and weight goals. So that we can provide these services and meet the requirements of the Department of Veteran Affairs, we ask that you could please assess the client and complete this referral if you believe a dietetic intervention will assist in the management of this client's condition/s.

Veteran consented to referral: Yes

COULD YOU PLEASE COMPLETE AND FAX A D904 FORM FOR:

Patient : Alan Christie **DOB :** 30-01-1946.
Address: 4/18 Vine Street, Clayfield
Phone: 0409490212
DVA file #: QSS06052
White Card conditions (if applicable):

Dietitian

Business name: Fuel Your Life

Postal address: PO Box 303, Bli Bli, QLD 4560

Name: Tyson Tripcony

Provider #: 449735TW

Phone: 0401 302 872

Fax: (07) 3905 1855

Doctor

Name: _____

Provider #: _____

Condition/s to be treated:

Signature: _____ **Date:** _____

Kind regards,
Tyson Tripcony
Accredited Practising Dietitian
Managing Director - Fuel Your Life