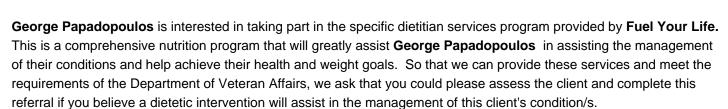


Date: 2019-03-18

Dear Dr. Dr. Peter Andrianakis

Clinic: Fax:





Veteran consented to referral: Yes

COULD YOU PLEASE COMPLETE AND FAX A D904 FORM FOR:

Patient: George Papadopoulos DOB: 1960-06-14.

Address: 39 Knightsbridge Avenue, Altona MEadows

Phone: 0437826503 DVA file #: VSM04340

White Card conditions (if applicable):

Dietitian	Doctor	
Business name: Fuel Your Life	Name:	
Postal address: PO Box 303, Bli Bli, QLD 4560		
Name: Tyson Tripcony	Provider #:	
Provider #: 449735TW		
Phone: 0401 302 872	Condition/s to be treated:	
Fax: (07) 3905 1855		
	Signature:	Date:

Kind regards, **Tyson Tripcony**

Accredited Practising Dietitian

Managing Director - Fuel Your Life

