



Date: 2018-02-04

Dr. Dr Karen Gebusion

Medical Center : Lake Kawana General Practice

GP Telephone : 5493 3800

GP Fax No. : 5493 3888

RE: REQUEST FOR REFERRAL

William Brewis 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 **William Brewis** 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 : William Brewis **DOB :** 30-01-1973.

Address: 8 Johnson Street Kallangur, QLD, 4530

Phone: 0450608667

Medicare #:

DVA file # (if applicable): White-QPSM2242

DVA White Card conditions (if applicable): Major depressive disorder, severe panic disorder, agoraphobia, scheuermanns disease, thoracic lumbar spondylosis

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

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life

