



Date: 2018-01-11

Dr. Dr. Choon Wei

Medical Center :

GP Telephone : (03) 9727 0588

GP Fax No. : (03) 9726 4333

RE: REQUEST FOR REFERRAL

Peter Spencer 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 **Peter Spencer** 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 : Peter Spencer DOB : 11/06/1936.

Address: 42 Croydondale Drive, Mooroolbark

Phone: 0425702166

Medicare #:

DVA file # (if applicable): VSR00396

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

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life