



Date: 2019-04-11

Dear Dr. Dr. Lorraine Evans

Clinic: Lake Cathie Medical Centre - 1459 Ocean Drive Lake Cathie, NSW 2445

Fax: 02 6584 8737

RE: REQUEST FOR D904 - DVA REFERRAL

Steven Thomas 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 **Steven Thomas** 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 : Steven Thomas **DOB :** 11-04-2019.

Address: 168 Arctic Street Lake Cathie

Phone: 0488080053

DVA file #: NSM05502

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