



Date: 2017-12-01

Dr. Dr Chai Lok

Medical Center : Elizabeth South Surgery

GP Telephone : (08) 8252 2992

GP Fax No. : 08 82522992

RE: REQUEST FOR REFERRAL

Brian Platten 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 **Brian Platten** 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 : Brian Platten DOB : 22-Jul-1956.

Address: 8 Willison Road ELIZABETH SOUTH

Phone: 08 8287 2898

Medicare #:

DVA file # (if applicable): SSM3690

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

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life