



Date: 2018-03-22

Dr. Dr Malcolm McRae

Medical Center : Upper Gully Surgery

GP Telephone : (03) 9758 5511

GP Fax No. : (03) 9758 6078

RE: REQUEST FOR REFERRAL

Colin McMahon 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 **Colin McMahon** 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 : Colin McMahon **DOB :** 04/12/1941.

Address: U5/ 27 Alma Ave, Ferntree Gully VIC 3156

Phone: 0417598560

Medicare #:

DVA file # (if applicable): VSM23146- Gold

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

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life