



Date: 2018-02-18

Dr. Dr George Tzimourtas

Medical Center : All Medical - Wantirna South

GP Telephone : 03 9800 7400

GP Fax No. : 03 9801 6036

RE: REQUEST FOR REFERRAL

Colin Tidball 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 Tidball** 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 Tidball

DOB : 1944-01-27.

Address: 4 Eva Florence Way

Phone: 0418 955 597

Medicare #:

DVA file # (if applicable): VSH 17949

DVA White Card conditions (if applicable): Obesity, PTSD, OA both knees

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

Kind regards,

Tyson Tripcony

Managing Director - Fuel Your Life