

**PROF. JOHN MAGNUSSEN**  
**Diagnostic and Interventional**  
**Radiologist**

MBBS PhD FRANZCR



**Consultation and Examination Request**

Patient Name: \_\_\_\_\_ D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Clinical Details and History**

- MRI CSF Flow Brain or Spine
- MRI Myelogram (plus CT guided intrathecal contrast injection)
- MRI Brain advanced tumour characterisation
- MRI Brain advanced neurodegenerative assessment
- MRI Neurography
- MRI AVM Assessment Brain or Spine

**Referrer Name:**

**Address:**

**Phone:**

**Signature:**

**Provider Number:**

**Fax:**

**Date:**

**Contact details :**

**MMI @ THE HOSPITAL**

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www.mqmi.com.au



Use camera to scan the QR code  
and make an appointment

*Your Doctor has recommended you use Macquarie Medical Imaging. You may choose another imaging provider but please discuss with your Doctor first.  
Referrals that are Medicare eligible and are directed to Prof. Magnussen will incur GAP fees for specialist services.*