

DR COLIN CHONG

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Musculoskeletal, Orthopaedic, Sports and
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RANZCR Lead of the MRI Group



MACQUARIE UNIVERSITY
Hospital

Consultation and Examination Request

Patient Name: _____ D.O.B: ____ / ____ / ____

Address: _____ Phone: _____

Clinical Details and History

- ☐ CT (metal implant) : Region _____
- ☐ CT (preoperative / standard / Cone Beam CT) : Region _____
- ☐ MRI Peripheral Joint (standard, no metal) : Region _____
- ☐ MRI Peripheral Joint (metal implant, postoperative) : Region _____
- ☐ MRI Neurography (no metal implant) : Region _____
- ☐ MRI Neurography (metal implant or postoperative) : Region _____
- ☐ Dual Energy CT of Joint – detection of urate / gout : Region _____
- ☐ Fluoroscopy (special including dynamic or functional assessment of upper limbs / joints) :
Region _____

Referrer Name:

Address:

Phone:

Signature:

Provider Number:

Fax:

Date:

Contact details :

MMI @ THE HOSPITAL

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Ground Floor, 3 Technology Place Macquarie University NSW 2109
ABN 46 141 203 125
P: 02 9430 1100 F: 02 9430 1199
E: mmi.enquiries@mqhealth.org.au
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 Dr Chong will incur GAP fees for specialist services.*