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MACQUARIE UNIVERSITY
Hospital

Consultation and Examination Request

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

Address: _____ Phone: _____

Clinical Details and History

- CT (metal implant / no metal implant) : Region _____
- MRI Peripheral Joint or Spine (standard, non-metal) : Region _____
- MRI Peripheral Joint or Spine (metal implant / postoperative) : Region _____
- MRI Neurography (no metal implant) : Region _____
- MRI Neurography (metal implant / postoperative) : Region _____
- Dual Energy CT of Joint – detection of urate / gout : 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.*