

DR COLIN CHONG

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



Consultation and Examination Request

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

Address: _____ Phone: _____

Clinical Details and History

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

Referrer Name:

Address:

Phone:

Signature:

Provider Number:

Fax:

Date:

Contact details :

MMI @ THE HOSPITAL

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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.*