



## PATIENT SATISFACTION SURVEY

### PLEASE RATE YOUR APPOINTMENT

	EXCELLENT	GOOD	FAIR	POOR
1. EASE OF MAKING APPOINTMENT BY PHONE	4	3	2	1
2. APPOINTMENT AVAILABILITY WITHIN A REASONABLE TIME	4	3	2	1
3. GREETED PROMPTLY, PLEASANTLY & COURTEOUSLY	4	3	2	1
4. THE EFFICIENCY OF CHECK-IN PROCESS	4	3	2	1
5. WAIT TIME	4	3	2	1
6. KEPT YOU INFORMED IF DELAY IN APPOINTMENT	4	3	2	1
7. CLEANLINESS & COMFORT OF IMAGING CENTER	4	3	2	1

### PLEASE RATE OUR STAFF

	EXCELLENT	GOOD	FAIR	POOR
1. COURTEOUS PERSON WHO TOOK YOUR CALL	4	3	2	1
2. FRIENDLY & COURTEOUS FRONT DESK STAFF	4	3	2	1
3. WAS YOUR EXAM EXPLAINED TO YOU WITH YOUR QUESTIONS ANSWERED?	4	3	2	1
4. WAS THE TECHNOLOGIST PROFESSIONAL, CARING & FRIENDLY?	4	3	2	1
5. DID THE TECHNOLOGIST COMMUNICATE WITH YOU OFTEN DURING YOUR EXAM?	4	3	2	1

HOW DID YOU HEAR ABOUT NETWORK RADIOLOGY? \_\_\_\_\_

WOULD YOU RECOMMEND NETWORK RADIOLOGY TO FRIENDS & FAMILY? \_\_\_\_\_

PATIENT NAME \_\_\_\_\_ DATE OF EXAM \_\_\_\_\_

TYPE OF EXAM \_\_\_\_\_ PHYSICIAN NAME \_\_\_\_\_

ADDITIONAL COMMENTS \_\_\_\_\_