

PATIENT SATISFACTION SURVEY

Please take a minute and let us know about your satisfaction regarding your visit to our center today.

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
1 As I entered the center, I was greeted in a friendly manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 The facility was clean, comfortable and orderly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 My scan started as scheduled.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 The technologist(s) were courteous and respectful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 The procedure for the scan was explained to my satisfaction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 My visit to the center today exceeded my expectations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 I would feel confident in recommending this center to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Overall, I would rate my general health as good.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Date _____ Procedure _____ Referring Physician _____

COMMENTS

Do you have any suggestions or comments? _____

Was there one team member that was especially helpful/professional? _____

Have you had this procedure before? _____ Which procedure and when? _____

Name (optional) Please print _____

If you would like to further discuss your experience, please provide us with your phone number. You may also ask to speak with our center manager.



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unmistakable quality . . . spectacular service