



dedicated to your health

Patient Satisfaction Survey

Please rate your visit to _____ radiology.
(Location)

Please rate your visit on _____.
(Date)

Question	Very Dissatisfied	Dissatisfied	Undecided	Satisfied	Very Satisfied
How satisfied were you with the convenience of our office hours?					
How satisfied were you with the ease of scheduling your appointment?					
How satisfied were you with the appointment time offered?					
How satisfied were you with our promptness in returning your phone calls?					
If your radiology test required you to follow "prep" instructions prior to your appointment, were these instructions clearly explained to your satisfaction?					
How satisfied were you with the courtesy and professionalism of the radiology reception staff?					
How satisfied were you with the length of time spent waiting at our facility prior to your radiology test?					
How satisfied were you with the courtesy and professionalism of the technologist that performed your test?					
How satisfied were you with the explanation received from the radiology staff regarding what your test would involve?					
How satisfied were you with our concern for your privacy?					

Please tell us if we can do anything to improve our services: _____

Patient Name (optional): _____