

SCHEDULING

Date of Exam: _____

Did your appointment accommodate your schedule?

_____ Exceeds Standard _____ Meets Standard _____ Below Standard

Was our staff friendly and helpful?

_____ Exceeds Standard _____ Meets Standard _____ Below Standard

Were you given instructions/preparations for your exam?

_____ Exceeds Standard _____ Meets Standard _____ Below Standard

RECEPTION/REGISTRATION

Were you greeted at the reception desk in a timely, courteous fashion?

_____ Exceeds Standard _____ Meets Standard _____ Below Standard

How would you rate our registration process?

_____ Exceeds Standard _____ Meets Standard _____ Below Standard

Were you informed of delays if you had to wait 25 minutes past your schedule time?

_____ Exceeds Standard _____ Meets Standard _____ Below Standard

PROCEDURE

What type of procedure did you have?

_____ MRI _____ CAT Scan _____ Nuclear Medicine _____ FLUORO
_____ X-Ray _____ Ultrasound _____ Mammogram

Did the technologist introduce themselves?

_____ Exceeds Standard _____ Meets Standard _____ Below Standard

Was your procedure explained to you?

_____ Exceeds Standard _____ Meets Standard _____ Below Standard

BILLING

Have you received a billing statement?

_____ Yes _____ No

Was our billing office accessible and courteous?

_____ Exceeds Standard _____ Meets Standard _____ Below Standard

Were your questions/concerns resolved in a timely, efficient manner?

_____ Exceeds Standard _____ Meets Standard _____ Below Standard

OVERALL

Do you feel you received compassionate, professional care while having your exam?

_____ Exceeds Standard _____ Meets Standard _____ Below Standard

COMMENTS: _____

