



We are committed to providing the best imaging service possible. We value your feedback and perspective.

Thank you for taking the time to make your comments available to us and for allowing us to serve you.

PLEASE CIRCLE ONE SCORE PER CATEGORY

APPOINTMENT SCHEDULING	Convenience	EXCELLENT	GOOD	AVERAGE	POOR
	Professionalism	4	3	2	1
	Met your needs				

FRONT DESK PERSONNEL	Promptness				
	Friendliness	EXCELLENT	GOOD	AVERAGE	POOR
	Professionalism	4	3	2	1
	Knowledge				
Employee Name: _____					
Facility: _____ Date: _____					

TECHNOLOGIST	Promptness				
	Friendliness	EXCELLENT	GOOD	AVERAGE	POOR
	Professionalism	4	3	2	1
	Knowledge				
Employee Name: _____					
Circle Modality: CT MRI X-Ray MAM US DEXA NUC PET					

FACILITY	Cleanliness	EXCELLENT	GOOD	AVERAGE	POOR
	Comfort	4	3	2	1
	Location/Access				

Why did you choose our imaging center?

- Convenient location
- Previous visit
- Advertising
- Insurance referral
- Physician referral
- Reputation
- Other: _____

Comments: _____

Name (optional): _____

Would you like to be contacted to discuss your comments?
___ If so, provide your phone#: _____

Please leave your comment card in the suggestion box located in the main waiting room. Thank You.