

Patient Satisfaction Survey

Please take a moment and let us know how your visit was today.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
As I entered the facility, I was greeted in a friendly manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facility was clean, comfortable and orderly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The technologist(s) were courteous and respectful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The procedure for the exam was explained to my satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, my visit today exceeded my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would feel confident in recommending this center to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

What did you like best about your visit today? _____

In what ways can we improve? _____

Was there one team member that was especially helpful? If so, whom? _____

Your Name (optional) _____

Your Referring Physician _____



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