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PATIENT SATISFACTION SURVEY

What is the name of the study you received? _____

Date of Service _____

Location of study _____ Baltimore _____ Columbia

How did you hear about us? _____

Please indicate your level of satisfaction by circling your answers below.

5 – Completely satisfied 4- very satisfied 3- Satisfied 2- not very satisfied 1- dissatisfied

SCHEDULING

- 1. Did you schedule your appointment? Yes No Don't know- Skip to Registration
2. Your ability to schedule an appointment that was convenient... 5 4 3 2 1
1. The adequacy of the instructions on how to prepare for your exam... 5 4 3 2 1
2. The courtesy and efficiency of the scheduling staff... 5 4 3 2 1
3. Your overall level of satisfaction with the scheduling process... 5 4 3 2 1

REGISTRATION

- 1. The courtesy and efficiency of the receptionist... 5 4 3 2 1
2. The comfort and appearance of the waiting room... 5 4 3 2 1
3. Your overall level of satisfaction with the registration process... 5 4 3 2 1

YOUR PROCEDURE

- 1. How did you hear about Dedicated Imaging? Physician Friend Other _____
2. Did you have to wait past your scheduled appointment time? Yes No
3. Approximately how long was your wait? No Wait 1-15mins. 16-30mins. 31mins.+
4. The technologist's sensitivity and ability to communicate... 5 4 3 2 1
5. Thoroughness in explaining the procedure... 5 4 3 2 1
6. Respect for your privacy... 5 4 3 2 1
7. The comfort and appearance of the exam room... 5 4 3 2 1
8. Your overall level of satisfaction with your procedure... 5 4 3 2 1
9. Would you recommend Dedicated Imaging to your friends or relatives? Yes no not sure

We would appreciate any additional comments _____

Your Name (Optional) _____

Please Print

Thank you for taking the time to help us be more efficient.
Our goal is to provide the best quality care possible for our patients.