

CONFIDENTIAL SATISFACTION SURVEY

Date: _____ Referring Physician: _____ Practice: _____

Imaging for Women is a woman's imaging center dedicated to providing high-quality exams and service to its patients and referring physicians. Would you please take a few minutes to rate our services and the staff that provided them to you?

	EXCELLENT	GOOD	AVERAGE	POOR	N/A
Our timeliness in setting up your appointment	_____	_____	_____	_____	_____
The cleanliness and professional appearance of our facility	_____	_____	_____	_____	_____
Actual time you were examined vs. your appointment time	_____	_____	_____	_____	_____
Overall courtesy and attention of our staff	_____	_____	_____	_____	_____
Individual courtesy and attention given by:					
Front Desk:	_____	_____	_____	_____	_____
Patient Coordinator:	_____	_____	_____	_____	_____
Mammographers:	_____	_____	_____	_____	_____
Ultrasound Techs:	_____	_____	_____	_____	_____
Bone Density Techs:	_____	_____	_____	_____	_____
Plain film techs:	_____	_____	_____	_____	_____
Person giving results:	_____	_____	_____	_____	_____
Dr. Malley Dr. Voeltz Dr. Allen	_____	_____	_____	_____	_____
My understanding and promptness of test results as given to me	_____	_____	_____	_____	_____
My paperwork & insurance (if applicable) was handled quickly and professionally	_____	_____	_____	_____	_____
My overall experience at Imaging for Women	_____	_____	_____	_____	_____
How can we improve your next visit?					

Do our hours meet your needs? Yes _____ No _____ If not, what hours would you prefer? _____

Additional Comments: _____

May we share this information with your physician? **YES** **NO**

Your signature is optional: _____

Thank you for taking time to fill out our quality assurance/satisfaction survey!

The Staff of Imaging for Women, LLC

We'll take care of YOU!