



At Open MRI and CT Specialists, our patients are very important to us. In order for us to better serve you, please answer the following questions. Your comments will help us evaluate our operations so that you are pleased with our services. Thank you in advance for your help.

PLEASE CIRCLE THE MOST APPROPRIATE RESPONSE

How Satisfied are you with:	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Not Applicable
<b>YOUR APPOINTMENT:</b>					
1. Appointment available within a reasonable amount of time	4	3	2	1	N/A
2. Appointment scheduled at a convenient time of day	4	3	2	1	N/A
3. Waiting time in the reception area	4	3	2	1	N/A
4. Waiting time in the exam room	4	3	2	1	N/A
<b>OUR STAFF:</b>					
5. The friendliness and courtesy of our receptionist	4	3	2	1	N/A
6. The caring concern and professionalism of our technologist	4	3	2	1	N/A
<b>OUR COMMUNICATION WITH YOU:</b>					
7. Your phone calls answered promptly	4	3	2	1	N/A
8. Explanation of your procedure	4	3	2	1	N/A
9. Your test results reported to your physician in a reasonable amount of time	4	3	2	1	N/A
<b>OUR FACILITY:</b>					
10. Hours of operation convenient with you	4	3	2	1	N/A
11. Overall comfort	4	3	2	1	N/A
12. Adequate parking	4	3	2	1	N/A
13. Signage and directions easy to follow	4	3	2	1	N/A
14. Cleanliness of facility	4	3	2	1	N/A
<b>YOUR OVERALL SATISFACTION WITH:</b>					
15. Our practice	4	3	2	1	N/A
16. The quality of your medical care	4	3	2	1	N/A

**PLEASE COMPLETE THE SECOND PAGE**

17. Would you recommend our facility to a family member or friend?    YES                      NO

If no, please tell us why: \_\_\_\_\_  
\_\_\_\_\_

18. Would you return to our facility?    YES                      NO

If no, please tell us why: \_\_\_\_\_  
\_\_\_\_\_

19. What procedure did you have?                       CT     MRI                       ULTRASOUND

20. Do you have one or more suggestions to improve your experience with our facility?

\_\_\_\_\_  
\_\_\_\_\_

Demographic Information (optional)

Female  
 Male

Your age:                      Under 18  
   19-30  
   31-40  
   41-50  
   51-60  
   Over 60

Name (optional)

Thank you for your response.