

PATIENT SATISFACTION SURVEY

Dear Patient:

You recently received a diagnostic test at _____. In an effort to better serve you, please take a moment to complete the following questionnaire at your convenience. Your comments and suggestions will help us in providing the high quality medical care you deserve. After you complete this form, please mail it to the address below or you may give it to the receptionist. Thank you for your time and assistance in this survey, and for allowing us to participate in your medical care.

What is the name of the diagnostic test you received? _____

Fill in the circle of the level of satisfaction that best reflects your experience with the listed aspects of our office. 1=Very Satisfied, 2=Satisfied, 3=Neutral, 4=Dissatisfied, 5=Very Dissatisfied	Very Satisfied 1	Satisfied 2	Neutral 3	Dissatisfied 4	Very Dissatisfied 5
1) Calling our office to make an appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Time between making appointment and being seen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Receptionist was friendly and courteous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Length of time waiting in reception area: _____ minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Length of time waiting in dressing room: _____ minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Length of time waiting in examination room: _____ minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Procedure performed was explained by the technologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Sensitivity of the technologist to your needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Questions were answered adequately by staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) How satisfied are you with overall care you received when you visited our office?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11) Would you recommend this practice to a friend or relative? If "No," why?	<input type="radio"/> YES <input type="radio"/> NO				

Comments/Suggestions: _____

Patient Signature (Optional) _____ RADCON is an outside firm conducting this survey for the radiology group.

Please print and mail to:
RADCON
305 Fellowship Road
Mt. Laurel, NJ 08054