

Outpatient Radiology/Casper Medical Imaging Patient Satisfaction Survey

Please Circle Your Yes/No Answers

1. Was this your first visit to Outpatient Radiology/Casper Medical Imaging for imaging services?

Yes No

2. Was your service prompt, courteous and were you treated with respect and dignity by the:

a. Check in personnel Yes No

b. Technologist Yes No

c. Check out personnel Yes No

3. Was the overall time from arrival to check out acceptable?

Yes No

4. Please mark the type of exam you had done

Mammogram X-ray Ultrasound Joint Injection CT Scan Other

5. Was your procedure explained to you by your technologist in a manner that enabled you to understand and feel comfortable?

Yes No

6. Did we make you feel valued, comfortable and that your time was important?

Yes No

7. Would you recommend Outpatient Radiology/Casper Medical Imaging services to other members of your family and friends?

Yes No

8. How did you find Outpatient Radiology/Casper Medical Imaging

TV Radio News Internet Family/Friend Your Doctor Other

9. What could we do differently to make your next visit better for you?

Comments/suggestions:

Name (Optional) Please Print

Date

Telephone Number (Optional)