

DMXI

DR. ADAM G. CROUCH, INC., DBA
DIAGNOSTIC MEDICAL X-RAY & IMAGING

PATIENT SATISFACTION SURVEY

We would appreciate your completing the following questionnaire so we may have a better idea of the quality of our service.

Date of examination: _____ Type of examination: _____

1. If you had an appointment, was the time convenient for you? Yes No
2. How long did you wait before your examination? 5 min. 10 min. 15 min. 15 min+
3. After your examination was completed, how long did you have to wait before you were released? 5 min. 10 min. 15 min. 15 min+
4. How would you rate the explanation of your examination by our personnel? Very Good Good Fair Poor Very Poor
5. How would you rate the comfort of the waiting area? Very Good Good Fair Poor Very Poor
6. How would you rate the privacy you were given while at the imaging center? Very Good Good Fair Poor Very Poor
7. How would you rate the care you received from the: Very Good Good Fair Poor Very Poor
 - a. Technologist (person who did the test)
 - b. Radiologist (physician)
 - c. Receptionist
8. Did you have a good experience? _____
9. Did you have a bad experience? _____
10. Would you have your next examination performed at this imaging center? Yes No Maybe
11. What can DIAGNOSTIC MEDICAL X-RAY & IMAGING do to improve our services to better meet your needs?

Comments: _____

Name: (Optional) _____