

# MAGNETIC RESONANCE IMAGING CENTER

17333 DUGDALE DRIVE, SOUTH BEND, IN 46635

## PATIENT SATISFACTION SURVEY

In a continuous effort to improve our services, we routinely monitor patient satisfaction. Please take a few moments to rate your recent MRI experience.

Name (Optional) \_\_\_\_\_ Exam Date \_\_\_\_\_

<b>Please rate our facility:</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
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Was the MRI Center clean during your visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the waiting room comfortable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were our hours of operation convenient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Please rate our reception office staff:</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
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Were you given an appointment time that met your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you treated with respect and courtesy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was your paperwork handled in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Please rate our Technologists:</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
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Do you feel the technologist was professional and knowledgeable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the procedure explained to you before the test began?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you treated with kindness and courtesy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Please rate our Nursing/Physician staff: (if sedated for exam)</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
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Do you feel the nurse/physician sedating you was professional and knowledgeable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were your questions answered to your satisfaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the nurse sedating you kind and helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Please rate your wait time:</b>
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Did your appointment start at your scheduled table time? Yes  No  Appointment time \_\_\_\_\_  
If delayed, how many minutes past your table time were you delayed: \_\_\_\_\_  
Did a staff member advise you of the delay? Yes  No

<b>Please rate your experience:</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
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How was your overall experience with the MRI Center?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please use the space below for any comments and/or suggestions.

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When complete, drop in comment box or return to a staff member.  
We would like to **Thank You** for choosing the MRI Center.