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PATIENT FEEDBACK FORM

Please take a few moments to give us some feedback on our service. Your comments are important to us.

Please evaluate each question on the scale from poor to excellent.

PART 1 Booking your appointment.

Comments

How convenient was the telephone booking process?

poor fair good excellent

PART 2 On arrival.

How well were you greeted?

poor fair good excellent

Did we give you all the information you needed?

poor fair good excellent

Was our facility clean and pleasant?

poor fair good excellent

PART 3 During the MRI examination.

Comments

Were the procedures well explained to you?

poor fair good excellent

Were you made to feel as comfortable as possible?

poor fair good excellent

Were your questions answered to your satisfaction?

poor fair good excellent

PART 4 How did you hear about our clinic?

Physician Newspaper Friend Radio Website Other

PART 5 Your name. Optional

PART 6 Referral

MSP WCB Private Pay Legal

