University Radiology at Turkey Creek

Patient Satisfaction Survey

Location: Turkey Creek Date of Appointment/Service: _____ /_____ /_____

Exam Type: ☐ CT ☐ Ultrasound ☐ Nuclear Medicine ☐ X-Ray ☐ Virtual Colonoscopy

☐ Cardiac CTA ☐ Coronary Calcium Scoring ☐ Other :_____

How / Why did you choose University Radiology?

☐ Referral of Doctor ☐ Recommendation of friend/relative ☐ Insurance Requirements ☐ Previous Good Experience

☐ Billboard ☐ Website ☐ Magazine ☐ Newspaper ☐ Radio ☐ Yellow Pages ☐ Other: _____

What is most important to you when selecting an imaging provider?

☐ Location ☐ Quality ☐ Price ☐ Insurance ☐ Previous Experience with Imaging Provider ☐ Doctor Recommendation

☐ Provide desired procedure (example: Open MRI, specialty service) ☐ Other: _____

Please Indicate your response by checking the option that best represents your opinion.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I was able to get an appointment within a reasonable period of time.					
The location of the imaging office was convenient for me.					
The waiting time in the main reception waiting area was acceptable.					
The receptionist/registration staff treated me with respect, courtesy and sensitivity.					
The technologist treated me with respect, courtesy, and sensitivity.					
The technologist gave me clear instructions so that I knew what to expect during my exam.					

Please Rate the Following:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Directions to our facilities were easy to understand.					
Atmosphere/Decor was pleasant.					
Facility was clean and well maintained.					
Accessibility and Parking met your needs.					

Was there any one thing you would recommend we change?

_____

Was there any one thing you really liked?

_____

Please Indicate your response by checking the option that best represents your opinion.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I was pleased with the services I received and would recommend University Radiology at Turkey Creek to my friend and family.					

Name: _____

(optional to participate in monthly gift certificate drawing)