



UNIVERSITY  
RADIOLOGY

# UNIVERSITY RADIOLOGY

WELCOME TO A DIFFERENT WAY OF DOING THINGS IN RADIOLOGY

## Physician Satisfaction Survey

Please Fill Out Completely

PLEASE RATE THE EASE OF SCHEDULING AN APPOINTMENT.											
Low											High
1	2	3	4	5	6	7	8	9	10	N/A	
PLEASE RATE THE TECHNICAL QUALITY OF IMAGING STUDIES.											
Low											High
1	2	3	4	5	6	7	8	9	10	N/A	
PLEASE RATE THE TIMELINESS / AVAILABILITY OF REPORTS / RESULTS.											
Low											High
1	2	3	4	5	6	7	8	9	10	N/A	
PLEASE RATE THE QUALITY / ACCURACY OF INTERPRETATIONS.											
Low											High
1	2	3	4	5	6	7	8	9	10	N/A	
PLEASE RATE THE AVAILABILITY OF A RADIOLOGIST FOR CONSULTATION.											
Low											High
1	2	3	4	5	6	7	8	9	10	N/A	
PLEASE RATE THE OVERALL COMMUNICATION BY THE RADIOLOGIST.											
Low											High
1	2	3	4	5	6	7	8	9	10	N/A	
BASED ON FEEDBACK FROM YOUR PATIENTS, PLEASE RATE THEIR PERCEPTIONS OF THE OVERALL SERVICES.											
Low											High
1	2	3	4	5	6	7	8	9	10	N/A	
PLEASE RATE YOUR LIKELIHOOD TO REFER PATIENTS AGAIN.											
Low											High
1	2	3	4	5	6	7	8	9	10	N/A	
PLEASE RATE YOUR OVERALL SATISFACTION WITH THE RADIOLOGICAL / IMAGING SERVICES PROVIDED.											
Low											High
1	2	3	4	5	6	7	8	9	10	N/A	
Optional: Please provide any comments or suggestions regarding University Radiology Imaging Services.											
_____											
_____											
_____											
What is your Specialty / Practice Type? _____											
(Optional) Your Name, Please Print _____											