

# OpenSided MRI Patient Survey

Name \_\_\_\_\_

Date \_\_\_\_\_

Doctor \_\_\_\_\_

Location \_\_\_\_\_

We consider it a privilege that your physician has chosen OpenSided MRI for diagnostic services. In order to assist us in our continuing efforts to improve our services, we would appreciate your taking the time to give us a grade and offer your advice.

Was your exam performed at its scheduled time?  Yes  No  15 Min. Late  
 30 Min. Late  
 More than 30 Min.

Were you offered a drink or beverage?  Yes  No

Were you offered a selection of music?  Yes  No

Did the technical staff explain to you what to expect during your exam?  Yes  No

Was the staff courteous and polite?  Yes  No

Were you made as comfortable as possible during your exam?  Yes  No

How did you hear about our "OPEN" machine?

- Doctor  Internet  Healthcare Blue Book  Other \_\_\_\_\_  
 Another Patient  Sign/Drive-by  Return Patient

Using the scale of 1-10 below, we would appreciate it if you would give our facility a grade. Thank you!

Excellent  10  9  8  7  6  5  4  3  2  1 Poor

Comments