

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