



Dear Patient: Our goal is to provide comfort, convenience, and satisfaction as well as the very best medical care to all our patients. We'd like to know how you feel about our medical services, our patient-handling systems, and our physicians and staff members. Your comments will help us evaluate our operations to ensure that we are truly responsive to your needs. Thank you for your help.

PLEASE RATE THE FOLLOWING (Circle your choice):

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
A. YOUR APPOINTMENT:						
1. Ease of making appointments by phone	5	4	3	2	1	N/A
2. Appointment available within a reasonable amount of time	5	4	3	2	1	N/A
3. The efficiency of the check-in process	5	4	3	2	1	N/A
4. Waiting time in the reception area	5	4	3	2	1	N/A
5. Waiting time in the dressing room	5	4	3	2	1	N/A
6. Keeping you informed if your appointment time was delayed	5	4	3	2	1	N/A
B. OUR STAFF:						
1. The courtesy of the person who made your appointment	5	4	3	2	1	N/A
2. The friendliness and courtesy of the receptionist	5	4	3	2	1	N/A
3. The caring concern of our technologists	5	4	3	2	1	N/A
4. The helpfulness of the people who assisted you with billing or insurance	5	4	3	2	1	N/A
5. The professionalism of our technical staff	5	4	3	2	1	N/A
C. YOUR VISIT WITH THE TECHNOLOGIST:						
1. Willingness to listen carefully to you	5	4	3	2	1	N/A
2. Taking time to answer your questions	5	4	3	2	1	N/A
3. Amount of time spent with you	5	4	3	2	1	N/A
4. Explaining things in a way you could understand	5	4	3	2	1	N/A
5. Instructions regarding the test you are having done	5	4	3	2	1	N/A

Form: 1699A Site: 05 Specialty: S 11

PLEASE COMPLETE PAGE 2

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
D. OUR FACILITY:						
1. Hours of operation convenient for you	5	4	3	2	1	N/A
2. Overall comfort	5	4	3	2	1	N/A
3. Adequate parking	5	4	3	2	1	N/A
4. Signage and directions easy to follow	5	4	3	2	1	N/A

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
E. YOUR OVERALL SATISFACTION WITH:						
1. Our facility	5	4	3	2	1	N/A
2. The quality of your care	5	4	3	2	1	N/A
3. Overall rating of care from MTI staff	5	4	3	2	1	N/A
	Definitely Yes	Probably Yes	Don't Know	Probably Not	Definitely Not	
4. Would you recommend MTI to others?	5	4	3	2	1	

IF NO, PLEASE TELL US WHY: _____

IF THERE IS ANY WAY WE CAN IMPROVE OUR SERVICES TO YOU, PLEASE TELL US ABOUT IT:

SOME INFORMATION ABOUT YOU:

GENDER		YOUR AGE		ARE YOU:	
Male	1	Under 18	1	A new patient	1
Female	2	18-30	2	A returning patient	2
		31-40	3		
		41-50	4		
		51-64	5		
		65+	6		

If there are issues you would like to discuss in person, please provide the following contact information:

Date of Service: _____

Name: _____ Phone: _____

Thanks very much for your help!