



# OPEN MRI OF MICHIGAN

## PATIENT SURVEY

WHAT DAY OF THE WEEK WAS YOUR VISIT? MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

TIME OF YOUR VISIT: \_\_\_\_\_MORNING \_\_\_\_\_AFTERNOON \_\_\_\_\_EVENING

Poor Fair Good Excellent

1. The courtesy of the person that handled your call: \_\_\_\_\_
2. The courtesy of the front desk/registration: \_\_\_\_\_
3. The courtesy of the technician performing the scan: \_\_\_\_\_
4. How easy was it to schedule an appointment? \_\_\_\_\_
5. Care and concern was shown for you as an individual: \_\_\_\_\_
6. Care and concern was shown for your privacy: \_\_\_\_\_
7. How would you rate the facility's appearance? \_\_\_\_\_
8. How would you rate the overall professionalism of the staff? \_\_\_\_\_
9. How would you rate your overall satisfaction of this visit ? \_\_\_\_\_

10. Would you recommend our facility to others? YES NO  
Reason: \_\_\_\_\_

11. How did you hear about our facility? \_\_\_\_\_

Comments or Improvements we could make:

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**Thank you for helping us to improve our service to you!**