

Patient Satisfaction Questionnaire

Our goal at MRI of Springfield in Castle Gate is to provide the highest quality service to our community. Your response to this short questionnaire will help us as we strive to create the best environment for our customers.

1. Were you greeted promptly and courteously upon arrival for your scan?

yes                      no

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2. Did our staff give thorough instructions for filling out all required paper work?

yes                      no

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3. Was our MRI scan room environment clean and comfortable for you?

yes                      no

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4. Was the MRI scan procedure properly explained to you?

yes                      no

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5. Overall, how would you rate your MRI scan experience at MRI of Springfield in Castle Gate?

excellent              good                      fair                      poor

If poor, Please explain \_\_\_\_\_

6. If you were referred for surgery, was your surgeon satisfied with the quality of your scan films?

yes                      no

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7. If you have been scanned previously or were sent for additional scans or test elsewhere how would you compare us?

extremely better    better                      about the same              worse

If worse, please explain \_\_\_\_\_

We welcome any comments or suggestions below:

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Name/Phone # \_\_\_\_\_

Address \_\_\_\_\_