Outpatient Radiology Service Feedback Form

Patient Name (Optional) Email Address (Optional) Service Experience Ease of Scheduling Appointment Excellent Good Fair Poor Courtesy of Staff Excellent Good Fair Poor Waiting Time Very Satisfied Neutral Dissatisfied Facility Cleanliness
Email Address (Optional) Service Experience Ease of Scheduling Appointment Excellent Good Fair Poor Courtesy of Staff Excellent Good Fair Vexellent Good Fair Neutral Dissatisfied
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Waiting Time Very Satisfied Satisfied Neutral Dissatisfied
Very SatisfiedSatisfiedNeutralDissatisfied
C Satisfied C Neutral C Dissatisfied
NeutralDissatisfied
C Dissatisfied
Facility Cleanliness
▼
Radiology Staff
Professionalism of Radiology Technician
© Excellent
○ Good
C Fair
© Poor Explanation of the Procedure
Explanation of the Procedure
C Very Clear

Additional Comments

Suggestions or Comments