

# Outpatient Radiology Service Feedback Form

Date of Visit

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  
☐ Satisfied  
☐ Neutral  
☐ Dissatisfied

Facility Cleanliness

## Radiology Staff

Professionalism of Radiology Technician

- ☐ Excellent  
☐ Good  
☐ Fair  
☐ Poor

Explanation of the Procedure

- ☐ Very Clear  
☐ Clear  
☐ Somewhat Clear  
☐ Unclear

## Additional Comments

Suggestions or Comments

