



Patient Information Form

Which Main Street Radiology location did you visit?

Which study (studies) were you here for?

Please rate how professional, helpful, friendly and courteous our staff was.

	Excellent	Good	Fair	Poor
Telephone Scheduling Staff				
Front Desk Registration Staff				
Technologists				
Nurse (if applicable)				
Radiologist (if applicable)				
In general, did you feel the staff presented themselves in a professional and competent manner?				
How would you rate the appearance and cleanliness of our office?				
Overall, how would you rate your experience at Main Street Radiology?				

Was your appointment on the day/time you desired? Yes No

After registration, how long were you waiting prior to your study?

How did you initially hear of Main Street Radiology?

What made you choose Main Street Radiology?

Is there any staff member(s) who you feel deserves special commendation?

Please elaborate on any staff member(s) you feel needs improvement.

Do you have any other suggestions for our overall improvement?

Would you recommend us? Yes No

Additional comments/questions

Name (optional)

Date

Email (optional)