

Building and keeping your trust and confidence in **MAIN STREET RADIOLOGY** is extremely important to us. We strive to meet or exceed your needs and expectations in our patient care and communications. Please assist us to serve you better by completing the referring physician satisfaction survey and needs assessment. Thank you.

Name: _____

Medical Specialty: _____

What percentage of your patient referrals is made to our practice? _____

CUSTOMER SERVICE

Circle One

Telephone is picked up quickly?	Yes	No
Radiologist is available when you call for a consultation?	Yes	No
Is the Radiologist courteous when you call for a consultation?	Yes	No
Do you receive a call on positive or significant results?	Yes	No
Radiologist is proactive in resolving issues that affect your clinical practice?	Yes	No
Radiologists suggest additional studies as appropriate?	Yes	No

Quality of Professional Interpretations

Confident that interpretation is correct	Yes	No
Provides consistent description that allow you to understand:		
location of the pathology	Yes	No
severity of the pathology	Yes	No
Radiologists use consistent terminology to describe pathology	Yes	No

Frequency that the radiologists' interpretation meets your standard	Always	Sometimes	Never
Imaging report is relevant	Always	Sometimes	Never

1 = Very Dissatisfied, 2 = Dissatisfied, 3 = Neutral, 4 = Satisfied, 5 = Very Satisfied, N/A = Not Applicable or Unknown

Body Imaging	1	2	3	4	5
Orthopedic Imaging	1	2	3	4	5
Neurologic Imaging	1	2	3	4	5
Women's Imaging	1	2	3	4	5
Breast Imaging	1	2	3	4	5
Onocologic Imaging	1	2	3	4	5
Routine Imaging (X-Ray)	1	2	3	4	5

I will continue to send patients to MSR because of Dr. _____

Would you be interested in attending a CME Dinner lecture ? YES _____ NO _____

What topic would you like presented at the lecture? _____

What days work best for continuing education? _____

OVERALL FEEDBACK FROM STAFF & PATIENTS REGARDING OUR SERVICE

Overall quality of service

1	2	3	4	5
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Please select the level of satisfaction that best reflects your experience with Main Street Radiology

1	2	3	4	5
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Would you recommend **MAIN STREET RADIOLOGY** to other physicians? Yes No

How can we improve our services to you and your patients? _____

What do you consider critical when referring your patients for Imaging Services? _____

Comments or Suggestions _____

Please fax your completed survey to 718-907-2325

THANK YOU