

Please check Yes or No for each of the following questions.

Thank You.

1. Was your appointment scheduled in a timely fashion?
 Yes No
2. Were you contacted to remind you of your scheduled appointment?
 Yes No
3. Did you find our scheduler to be pleasant and courteous?
 Yes No
4. Were you asked if you needed directions to the center?
 Yes No
5. Did you find the receptionist to be courteous and helpful?
 Yes No
6. Did you have to wait more than 15 minutes for your scheduled appointment?
 Yes No
7. Did the RN introduce himself/herself?
 Yes No
8. Do you feel you were given good medical care by the RN?
 Yes No

9. Did you find you had all of your questions answered concerning the exam?
 Yes No
10. Were you told how long the exam would take?
 Yes No
11. Did the technologist introduce himself/herself?
 Yes No
12. Did you find the technologist courteous and friendly?
 Yes No
13. Did the technologist explain the exam to you?
 Yes No
14. Did the technologist communicate the length of time for each sequence during the exam?
 Yes No
15. Did you feel comfortable with the technologist?
 Yes No
16. Did you find our facility to be clean?
 Yes No
17. To the best of your knowledge, was your report and/or films available to your physician in time for your appointment?
 Yes No

18. Have you had an exam done at our facility before?
 Yes No

19. Would you use our facility again?
 Yes No

20. Would you recommend our facility to a friend or family member?
 Yes No

If No, Why? _____

21. How did you hear about our facility?

22. Would you like to be contacted by a representative from Open Air MRI to discuss any of the above issues?
 Yes No

Please use the back of this form for any comments you may have

