

ORTHOPAEDIC ASSOCIATES OF ZANESVILLE, INC

2854 Bell St. Zanesville, OH 43701-1721 (MRI phone) 740-588-1091 (fax) 740-588-1081

MRI SURVEY

Thank you for choosing Orthopaedic Associates of Zanesville, Inc. to have your MRI exam. Your opinion is very important to us. The feedback you provide is confidential and helps us monitor and improve our services. We value your time and appreciate your input following your recent MRI.

Please rate the MRI receptionist scheduling your MRI:

Did you have to wait more than five days to be scheduled for your MRI? Yes No

If yes, how long did you have to wait? _____

Were you given a choice of a convenient time for your MRI? Yes No

comment(s): _____

	Excellent	Very Good	Good	Fair	Poor	N/A
Promptness in answering phone	<input type="checkbox"/>					
Directions to our facility	<input type="checkbox"/>					
Attention/compassion towards your needs	<input type="checkbox"/>					
Overall rating of MRI receptionist	<input type="checkbox"/>					

Please rate the technologist (the person who performed your MRI) in the following areas:

	Excellent	Very Good	Good	Fair	Poor
Explanation of the exam	<input type="checkbox"/>				
Technologist care during exam	<input type="checkbox"/>				
Compassion towards your needs	<input type="checkbox"/>				
Professional appearance of technical staff	<input type="checkbox"/>				
Overall rating of the technical staff	<input type="checkbox"/>				

How long did you have to wait for the MRI technologist to escort you to the MRI department for your scan?

0-5 min 6-10 min 11-15 min >15 min (see below)

If you waited > 15 minutes were you given an explanation why? yes no

Comment _____

Please give us your feedback/comments on the following:

In the event that your physician recommends another MRI, would you return to Orthopaedic Associates of Zanesville, Inc.?
 Yes No

Comment _____

Is there anyone in the MRI department that made a particularly favorable impression on you and you feel deserves special recognition? _____

Would you recommend Orthopaedic Associates to a friend or relative for MRI services? Yes No Comment _____

How did you hear about us? Physicians at Orthopaedic Associates Other physician

Friend/family member Other: _____

How could we make your experience better? _____

_____ Name (optional) _____ Date of MRI (optional)