

Patient Satisfaction Survey

Thank you for choosing MH Imaging for your medical imaging needs. Your feedback is very important to us in helping to provide you with the highest quality care possible. We appreciate your cooperation in filling out this confidential survey to let us know how we are doing and how we can improve. Please use the enclosed stamped, self-addressed envelope for returning the completed survey. Again, thank you for your time.

- A. At which MH Imaging Center did you have your imaging done?** (Please circle all that apply)
 1-Milwaukee 2-Racine 3-Kenosha
- B. What type of imaging or procedure did you have done?** (Please circle all that apply)
 1-MRI 2-CT-Scan 3-X-Ray 4-Ultra-sound 5-Other: _____
- C. Was this your first visit to MH Imaging?**
 1-Yes 2-NO If No, how many times have you come to us in the past? _____
- D. How did you hear about MH Imaging?** (Please check all that apply)
 1-Physician 2-Family 3-Friend 4-Employer 5-Newspaper Ad 6-Radio Ad 7-Brochure 8-Other: _____

PLEASE RATE THE FOLLOWING:	Excellent	Very Good	Good	Fair	Poor	N/A
1. Ease of making your appointment	5	4	3	2	1	0
2. Ease of getting an appointment time best for your schedule	5	4	3	2	1	0
3. Appointment was available within a reasonable period of time	5	4	3	2	1	0
4. The courtesy of the person who took your call	5	4	3	2	1	0
5. The reception/front desk staff was able to answer all of your questions	5	4	3	2	1	0
6. The friendliness and courtesy of the receptionist	5	4	3	2	1	0
7. The helpfulness of the person(s) who assisted you with billing and/or insurance	5	4	3	2	1	0
8. The efficiency of the check-in process	5	4	3	2	1	0
9. Waiting time in the reception area	5	4	3	2	1	0
10. Keeping you informed if your appointment time was delayed	5	4	3	2	1	0
11. Ease of getting a referral if you needed one	5	4	3	2	1	0
12. Your phone calls answered promptly	5	4	3	2	1	0
13. Our ability to return your calls in a timely manner	5	4	3	2	1	0
14. Explanation of your imaging procedure(s)	5	4	3	2	1	0
15. Effectiveness of our brochures or other informational material	5	4	3	2	1	0
16. Your imaging report and/or CD of your image provided to you or the referral source in a timely manner	5	4	3	2	1	0
17. The overall professionalism of our radiology technologists	5	4	3	2	1	0
18. The care and concern they expressed toward you	5	4	3	2	1	0
19. The technologist willingness to listen carefully to you	5	4	3	2	1	0
20. Their willingness to answer your questions in a manner you could understand	5	4	3	2	1	0

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PLEASE RATE THE FOLLOWING:	Very					
	Excellent	Good	Good	Fair	Poor	N/A
21. The technologist ability to explain your imaging procedure and what to expect during and after the procedure	5	4	3	2	1	0
22. Their ability to help you feel more at ease just before and during the imaging procedure	5	4	3	2	1	0
23. Post-imaging / follow-up information provided to you by the technologist	5	4	3	2	1	0
24. Our hours of operation convenient for you	5	4	3	2	1	0
25. Overall comfort of our Center	5	4	3	2	1	0
26. Signage and directions easy to locate us	5	4	3	2	1	0
27. Adequate parking	5	4	3	2	1	0
28. Overall satisfaction with MH Imaging	5	4	3	2	1	0
29. Overall satisfaction our quality of care	5	4	3	2	1	0
30. Please assign an overall rating of your technologist	5	4	3	2	1	0

Would you recommend MH Imaging to other? 1-YES 2-NO If NO, Please tells why: _____

If there is any way we can improve ours services, please tell us your suggestions: _____

Without identifying yourself, please provide us with some basic information about you: (Please circle the appropriate number)

GENDER: 1-Male
2-Female

YOUR AGE: 1-Under 18
2-18-30
3- 31-40
4- 41-50
5- 51-60
6- Over 60

Please return to any of our locations attention: Christina Wipperfurth. Please be assured the valuable feedback you have provided, will be used to improve and maintain the highest-level of patient care at MH Imaging. Thank you for assisting my staff and I in this process.

Sincerely,

Malcolm Hatfield, MD, FACR
Medical Director and CEO