



# How would you like to win a



The physicians and staff of Radiology Associates continually strive to maintain the highest level of service and overall professionalism. Your comments, both positive and negative, are valued and appreciated. **Please take a few minutes to fill out this survey and return it to the receptionist.** If you prefer, you may mail it to Radiology Associates, ATTN: Marketing 1600 Phillips Road, Tallahassee, FL 32308.

Your name will be entered in a drawing for a \$100 gift card that can be used at almost any store. You must include your name and address on the survey to receive your gift card.

If you had more than one exam, please complete one survey for each.

**EXAM:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TECH:** \_\_\_\_\_

	Please check one				
	5-Excellent	4-Very Good	3-Good	2-Needs Improvement	1-Poor
How was your scheduling experience?					
How was your treatment at this facility?					
How would you rate the cleanliness and comfort of this facility?					
How were you greeted and treated by the front office staff?					
How would you rate the sincerity and professionalism of the technologist?					
How was the overall service at this facility?					
	<b>Less than 15 minutes</b>	<b>15-30 minutes</b>	<b>30-45 minutes</b>	<b>45-60 minutes</b>	<b>Over 60 minutes</b>
What was your wait time prior to the exam being done?					
Would you come back to our facility? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Did any of our employees go above and beyond to make your visit more pleasant? Name _____					
Could any of our employees have improved the quality of your visit? Name _____					
How did you hear about us? <input type="checkbox"/> My Physician <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Magazine <input type="checkbox"/> Family Member/Friend    Other: _____					
Did you receive a confirmation phone call for your appointment? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Did you find this information concerning arrival time, appointment time, and co-payment information helpful in preparing for your exam? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If any services were not "Excellent", please leave detailed explanation below. Thank you.					

**Comments / Suggestions:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Optional – Please complete to be eligible for gift card. We will NOT rent, sell or license your personal information to any other party.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Complete Address \_\_\_\_\_

Would you be willing to participate in a 10-minute phone interview to discuss how Radiology Associates can better serve its customers?  
 YES     NO