



OFFICE SURVEY FORM

Date _____

Name of Practice & Location _____

Your Name _____ Title _____

Please list the imaging services you refer to RGIC by frequency (1 - most often; 9 - least).

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> PET | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Mammography |
| <input type="checkbox"/> High Field Open MRI | <input type="checkbox"/> Ultrasound | <input type="checkbox"/> Bone Density |
| <input type="checkbox"/> 16-slice CT | <input type="checkbox"/> General X-ray | <input type="checkbox"/> Fluoroscopy |

What is your overall satisfaction with RGIC?

- | | |
|---|--|
| <input type="checkbox"/> Very satisfied | <input type="checkbox"/> Dissatisfied |
| <input type="checkbox"/> Satisfied | <input type="checkbox"/> Very Dissatisfied |
| <input type="checkbox"/> Neutral | |

How likely are you to continue sending patients?

- Likely Neutral Not likely

How likely are you to send patients for services other than those "most often referred"?

- Likely Neutral Not likely

How likely are you to recommend RGIC to other referring offices?

- Likely Neutral Not likely

How could we improve our service to your office/practice?

Office Manager, RN, ARNP, etc.

Excellent **Average** **Poor**
 5 4 3 2 1

1. Response to your questions in a timely manner.
2. Professionalism & courteousness of physicians & staff.
3. Sensitivity to the needs of your office/practice.
4. Manner in which service meets your expectations.
5. Maintenance of an appropriate level of contact/communication.
6. Report turnaround time

	5	4	3	2	1
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Are there any materials we provide that you need?

- General Requisition Pads
- PET Brochures
- PET Ordering Guide
- PET Ordering Forms
- Information about the RG Imaging Center
- Physician Information
- Appointment Cards
- Physician Guide
- Modality Brochures

- 1) Have you/staff ever had a tour of the RG Imaging Center? ___ Yes ___ No
- 2) Would you/staff be interested in a tour? ___ Yes ___ No
- 3) Would you/staff be interested in attending an informational meeting about scheduling, test ordering, insurance issues, etc.? ___ Yes ___ No

Who is responsible for deciding where to schedule your patients for imaging services?

- Physicians Office Manager Nurse Secretary Patients

Do your physicians request to see a copy of films/images?

If you send your patients to other imaging facilities, why?

- Convenience Faster Service Image Quality

Other _____

Scheduler

	Excellent 5	4	Average 3	2	Poor 1
1. Professionalism and courteousness of appointment staff.					
2. Speed with which your calls are answered.					
3. Ability to schedule appointments in a timely manner.					

Comments?

Additional comments/feedback regarding our technologists, schedulers, marketing manager, billing office, etc?

Thank you for taking time to complete this survey.