PLEASE RETURN BY FAX TO: 352-326-9703

MEDICAL IMAGING SATISFACTION SURVEY

This questionnaire is designed to assess your opinion of the quality of the radiology services provided to you and your patients at Lake Medical Imaging. Please note that this survey **DOES NOT** reference LRMC or TVRH imaging services. This survey is confidential and your responses will not be shared. In addition to the ratings, we would appreciate any specific comments or suggestions that will help us to continue to provide you with high quality diagnostic services. Including your name and group name is optional. For the following questions, please indicate your rating for each topic by circling the appropriate number. If you have no opinion on a topic, please leave it blank.

PHYSICIAN NAME ______________________________ **GROUP** ______________________________
(Optional)

1. Scheduling and Registration	Excellent	Very Good	Satisfactory	Needs Improvement	Poor
Time it takes your office staff to schedule patients	5	4	3	2	1
Availability of requested time slots	5	4	3	2	1
Information obtained at time of scheduling	5	4	3	2	1
Courtesy and professionalism of schedulers	5	4	3	2	1
Phone answering and time on hold	5	4	3	2	1
Appointment availability at requested location	5	4	3	2	1
Accommodation of STATs and same day appointments	5	4	3	2	1
Customer service attitude and performance of schedulers	5	4	3	2	1
Ability to get Interventional procedures scheduled	5	4	3	2	1

2. Would you like to have the opportunity to schedule patient exams online? **Yes** _____ **No** _____

(If yes, we will need to contact you). Practice name: ______________________________

Comments:______________________________

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3. Would you like to fax a list of patients to be scheduled for exams to our scheduling department?

Yes _____ **No** _____ **(If yes, we will need to contact you). Practice name**: ______________________________

Comments:______________________________

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4. Are there services or procedures you would like to see the Radiologists add to LMI's practice? If so, please list below:

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5. Physician Needs	Excellent	Very Good	Satisfactory	Needs Improvement	Poor
Availability of images for review day, evening, weekends	5	4	3	2	1
Radiologist/staff response to your requests or questions	5	4	3	2	1
Timeliness of receiving preliminary reports	5	4	3	2	1
Timeliness of receiving final reports	5	4	3	2	1
Timeliness in completion of STAT exams	5	4	3	2	1
Report turn around time	5	4	3	2	1

Comments:______________________________

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6. Where else do you send your imaging patients and why?

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7. LMI Radiologists					
Quality of interpretation	5	4	3	2	1
Accuracy of interpretations	5	4	3	2	1
Availability for consultations	5	4	3	2	1
Availability for after hours procedures	5	4	3	2	1
Customer service attitude/performance	5	4	3	2	1
Interaction with patients	5	4	3	2	1
Calling of positive reports to physicians	5	4	3	2	1
Adequacy of subspecialization within the radiology group	5	4	3	2	1

Comments:______________________________

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Thank you!