

Patient Survey

Thank you for your visit to Desert Valley Radiology. We would appreciate it if you would fill out our survey so we can make sure we are providing our patient's with the best customer service possible. We will make sure to keep all responses confidential.

Type of exam preformed today was (check all that apply)

- | | | |
|--------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> CT | <input type="checkbox"/> MRI | <input type="checkbox"/> Bone Density |
| <input type="checkbox"/> IVP | <input type="checkbox"/> X-Ray | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Fluoroscopy | <input type="checkbox"/> Mammogram | <input type="checkbox"/> Other _____ |

Was this your first visit to Desert Valley Radiology? Yes No

When you scheduled your appointment were the schedulers friendly & helpful? Yes No

If No, why? _____

Did you have to wait on hold for very long when scheduling your appointment? Yes No

If Yes, about how long? _____

When checking in for your appointment were the receptionists friendly & helpful? Yes No

If No, why? _____

Did you have to wait very long to have your test preformed? Yes No

If Yes, about how long? _____

When the test was being preformed was the technologist friendly & helpful? Yes No

If No, why? _____

Was the waiting room clean and neat? Yes No

Was the office easy to find? Yes No

Would you come to Desert Valley Radiology again for your imaging needs? Yes No

If No, why? _____

Please let us know if we can do anything better for you _____
