

RIVERSIDE RADIOLOGY & INTERVENTIONAL ASSOCIATES Patient Satisfaction Survey

We value *your* opinion and would like to make sure we are doing everything we can to serve you.

Please take a minute to fill out this confidential survey.
Your feedback will help us improve the services we provide.

Today's Date: _____ **Treating Physician name:** _____

PLEASE RATE THE FOLLOWING:

A. YOUR APPOINTMENT:

	Excellent	Very Good	Good	Fair	Poor
1. Ease of making an appointment	5	4	3	2	1
2. Waiting time in the reception area	5	4	3	2	1

B. OUR STAFF:

1. The friendliness and courtesy of the receptionist	5	4	3	2	1
2. The caring and concern of our nurses	5	4	3	2	1
3. Are you satisfied with your physician?	5	4	3	2	1

ADDITIONAL COMMENTS:
