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Patient Satisfaction Survey

Valued Patient:

Our mission is to provide the highest quality care in the most patient friendly manner possible. We believe that you are the best person to tell us how we are doing in achieving it. Please take a moment to tell us how well we are doing.

Date of Visit: _____ Have you been here before Yes No

Reason for Visit: Mammogram Sonogram Biopsy Bone Density

How would you rate these?

5 = Excellent 4 = Good 3 = Poor

| | | | |
|--|---|---|---|
| Overall understanding and caring of the staff? | 5 | 4 | 3 |
| Overall quality of care provided? | 5 | 4 | 3 |
| Courtesy of the registration staff member? | 5 | 4 | 3 |
| Timeliness of the process? | 5 | 4 | 3 |
| Ease of scheduling? | 5 | 4 | 3 |
| Courtesy of the technical staff? | 5 | 4 | 3 |
| Personal accommodations? | 5 | 4 | 3 |
| Cleanliness of facility? | 5 | 4 | 3 |
| Ease of access to facility? | 5 | 4 | 3 |
| Your satisfaction from time of arrival to discharge? | 5 | 4 | 3 |

Whom may we thank for referring you to our facility? Family/Friend Radio LI Woman
 Pathmark Pharmacy Ad
 Other Publication _____

Will you recommend this Center to your friends and relatives? ___ Yes ___ Maybe ___ No

If "yes", why? _____

If "maybe or no", why? _____

What was the most positive thing about your experience? _____

How could we improve our services? _____

Thank you for completing our Survey!