



Referring Physician Satisfaction Survey

MD Imaging values your opinion. An important indication of the quality of services we provide is how our referring physicians feel about the care we provide to their patients, the timeliness of our communication with them and the availability of our staff to answer your questions. Please take a few moments to complete the following brief survey.

1. How satisfied are you with the following:

a) Timeliness of reports?

Very satisfied Satisfied Neutral Unsatisfied Very unsatisfied

b) The information that is included in the reports?

Very satisfied Satisfied Neutral Unsatisfied Very unsatisfied

c) The length of time it generally takes for your patients get an appointment at our facility?

Very satisfied Satisfied Neutral Unsatisfied Very unsatisfied

3. How accessible are our physicians by phone when you have a question?

Very accessible Somewhat accessible Neutral Somewhat inaccessible
 Very inaccessible

4. Why do you refer patients to MDI (please tick all that apply)?

Location Range of tests offered Short waiting lists Report turn-around time
 Convenient hours of operation Overall quality of services provided

Other (please specify):

5. Would you recommend MD Imaging's services to other physicians?

Yes

No

If no, please indicate why not:

6. Do you have suggestions on how we could improve upon the services we currently provide?

If you would like to be contacted in reference to this survey, please provide your name, phone number and/or email address.

Name

Phone Number

Email

Please email survey to jbien@mdimagingny.com