

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 sugge	estions on how we could improve upon the services we currently provide?	
If you would like to be number and/or email	e contacted in reference to this survey, please provide your name, phone address.	
Name		
Phone Number		
Email		
Please email survey	to julie.paradiso@rezolut.com	