



FAIRFAX RADIOLOGICAL CONSULTANTS, P.C.

What is the name of the study you received today? _____

Please indicate your level of satisfaction by circling your answers below.

SCHEDULING

	VERY SATISFIED	SATISFIED	UNSATISFIED	EXTREMELY UNSATISFIED	NO OPINION.....
1. Did you schedule your appointment? Yes No Don't Know (If "NO" or "Don't Know" skip to Registration Section)					
2. Your ability to schedule an appointment that was convenient	5	4	3	2	1
3. The adequacy of the instructions about how to prepare for your exam	5	4	3	2	1
4. The courtesy and efficiency of the scheduling staff	5	4	3	2	1
5. Your overall level of satisfaction with the scheduling process	5	4	3	2	1

REGISTRATION

1. The courtesy and efficiency of the receptionist	5	4	3	2	1
2. The comfort and appearance of the waiting room	5	4	3	2	1
3. Your overall level of satisfaction with the registration process	5	4	3	2	1

YOUR PROCEDURE

1. Did you have an appointment? Yes No Don't Know (If "NO" or "Don't Know" skip to question 4)					
2. Did you have to wait past your scheduled appointment time?	No	Yes	Don't know		
3. Approximately how long was your wait?	Taken Early	No Wait	1-15 mins	16-30 mins	31+ mins
4. Your overall satisfaction with the waiting time	5	4	3	2	1
5. The technologist's sensitivity and ability to communicate	5	4	3	2	1
6. Thoroughness in explaining the procedure	5	4	3	2	1
7. Respect for your privacy	5	4	3	2	1
8. The comfort and appearance of the exam room	5	4	3	2	1
9. Your overall level of satisfaction with your procedure	5	4	3	2	1
10. Would you recommend Fairfax Radiological Consultants to a friend or relative? Yes No Don't Know					

We would appreciate additional comments: _____

Your Name (Optional): _____
(please print)

OUR GOAL is to provide you with quality radiology services in a comfortable and convenient setting.

We are striving to improve the service we offer and welcome your feedback and suggestions. Please take a few minutes to complete this survey about your visit today.

After completing the form, return it to the receptionist or drop it in the mail. The postage has been prepaid.

If you prefer, you may call us with your comments at 703-698-4444.

Thank you for your time and input. All comments will remain confidential.

The Radiologists and Staff of Fairfax Radiological Consultants, P.C.



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FIRST-CLASS MAIL PERMIT NO. 9103 MERRIFIELD, VA



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