



PATIENT FEEDBACK FORM

PLEASE TAKE A FEW MOMENTS TO GIVE US SOME FEEDBACK ON OUR SERVICE.
YOUR COMMENTS ARE IMPORTANT TO US.

PLEASE EVALUATE EACH QUESTION ON THE SCALE FROM POOR TO EXCELLENT

PART 1 BOOKING YOUR APPOINTMENT.

HOW CONVENIENT WAS THE
TELEPHONE BOOKING PROCESS?

POOR FAIR GOOD EXCELLENT

COMMENTS

PART 2 ON ARRIVAL.

HOW WELL WERE YOU GREETED?

POOR FAIR GOOD EXCELLENT

COMMENTS

DID WE GIVE YOU ALL THE INFORMATION
YOU NEEDED?

POOR FAIR GOOD EXCELLENT

COMMENTS

WAS OUR FACILITY CLEAN AND PLEASANT?

POOR FAIR GOOD EXCELLENT

COMMENTS

PART 3 DURING THE MRI EXAMINATION.

WERE THE PROCEDURES WELL EXPLAINED
TO YOU?

POOR FAIR GOOD EXCELLENT

COMMENTS

WERE YOU MADE TO FEEL AS COMFORTABLE
AS POSSIBLE?

POOR FAIR GOOD EXCELLENT

COMMENTS

WERE YOUR QUESTIONS ANSWERED TO YOUR
SATISFACTION?

POOR FAIR GOOD EXCELLENT

COMMENTS

PART 4 HOW DID YOU HEAR ABOUT OUR CLINIC?

PHYSICIAN NEWSPAPER FRIEND RADIO WEBSITE OTHER

PART 5 YOUR NAME. OPTIONAL

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