



QUALITY OF CARE EVALUATION

Our patients' feedback allows us the opportunity to evaluate and improve on our outstanding quality of care. Please take a moment to share your experiences with us as we care about what you think and welcome your suggestions.

Date: _____ **Location:** Liverpool___ Fayetteville___ Syracuse___ Camillus___ Baldwinsville___ Fulton ___

TEST: xray ___ mammography ___ CT ___ ultrasound ___ nuclear medicine ___ fluoroscopy ___ bone density ___ other ___

- If you scheduled your own appointment - was the scheduler courteous, accomodating & friendly?
- When you arrived in our office was the receptionist friendly and welcoming?
- When you gave your personal information was the sign-in specialist friendly and efficient?
- Were you taken in for your exam(s) in a timely manner?
- Was your technologist(s) attentive, courteous, respectful and friendly?
- Were all of your questions and concerns answered or addressed?
- Did you find our facility to be neat, clean and professional?
- How likely are you to return to SJIA for future imaging needs?
- Would you like to be contacted by the Director of Radiology? If so, would you prefer:

_____ phone call _____ email
 _____ your first name: _____

Phone number/email address: _____

You may also contact the Director of Radiology at Olga@sjia.org

ADDITIONAL COMMENTS:

We appreciate you taking the time to evaluate your entire experience with us. Thanks so much and have a great day.

FOLLOW THE LEADERS IN RADIOLOGY AND VISIT OUR WEBSITE AT WWW.STJOSEPHSIMAGING.COM TO LEARN MORE ABOUT OUR FACILITIES