



Name: _____

Phone: _____

Patient Survey Form

Based on your visit today, did you receive friendly & efficient service at the **front desk**? Check one.

YES

NO

Which exam best describes your visit today? Check all that apply.

X-ray

CAT Scan

Mammogram

Ultrasound

Biopsy

Was your **technologist** friendly & efficient? Check one.

YES

NO

We strive to provide top quality patient care & satisfaction. If you have suggestions to help us improve the quality of your care please share:

May we contact you about your visit? Check one.

YES

NO

Thank you for choosing Wayne Radiologists, P.A.