



REFERRING OFFICES SATISFACTION SURVEY

Physician Practice: _____

Specialty: _____

We would like to know how you feel about the service we provide you and your patients so we can ensure we are meeting your needs. Your comments are critical to our continuous review for improvement.

Thank you for your time.

	Highly Satisfied	Satisfied	Dis-Satisfied
1) Ease of reaching a DRA employee by telephone			
2) When calling DRA Imaging, our staff is helpful and professional			
3) DRA's ability to schedule patients within an acceptable amount of time			
4) Quality of care your patients receive at DRA			
5) Timeliness of written reports from DRA			
6) Quality of written reports from DRA			
7) DRA office hours meet the needs of your practice			

8) Does your office make the appointments for the patients? Yes _____ No _____

If yes, does our scheduling department provide you with the following?

a) Directions to our office Yes _____ No _____

b) Instructions to have patients bring previous CD's/films (if seen at another facility) Yes _____ No _____

c) Instructions on how to prepare the patient for the exam Yes _____ No _____

d) Fees and billing information Yes _____ No _____

9) Does your office use our brochures? Yes _____ No _____

a) If "yes" are they helpful and informative? Yes _____ No _____

10) Does your office use our prescription pads? Yes _____ No _____

11) Who decides where a patient is sent for imaging: your office your patient

Comments: _____

Completed by: _____ Title: _____

PLEASE FAX COMPLETED SURVEYS TO: (845) 790-5708