



CUSTOMER SATISFACTION SURVEY

At MRI Group, we are always striving to provide *Caring, Convenient, and Complete* service. With your input, you can help us meet and exceed these goals. Please take a few minutes to tell us about your experience with MRI Group. Feel free to comment on your experience (whether positive or negative). Once completed, please fold as indicated and drop it in the mail. Thank you.

PLEASE FILL IN OR CIRCLE AS APPROPRIATE

Date of the procedure _____ (5-10)

Patient age _____ (12-13)

Patient sex 1. Male 2. Female (14)

Was this your first visit to a MRI Group facility? 1. Yes 2. No (15)

How did you choose MRI Group? Referring physician recommended TV/radio/web advertisements
 Friends/family recommended

MRI LOCATIONS:

- 560 N Lime Street, Lancaster (16) 555 N Duke Street, Lancaster 950 Octorara Trail, Parkesburg
- 2104 Harrisburg Pike, Lancaster 51 Peters Road, Lititz
- 730 Eden Road, Lancaster 426 Cloverleaf Road, Elizabethtown

BEFORE YOUR APPOINTMENT AT MRI GROUP:	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
1. Helpfulness of the phone call you received from our staff prior to your appointment at MRI Group (17)	5	4	3	2	1	N/A
2. How easy it was to get an appointment when you wanted one (18)	5	4	3	2	1	N/A

ARRIVING FOR YOUR APPOINTMENT:

1. Helpfulness of the person at the registration desk (19)	5	4	3	2	1	N/A
2. How well MRI Group billing and insurance procedures were explained (20)	5	4	3	2	1	N/A
3. Amount of time spent in waiting area (21)	5	4	3	2	1	N/A

YOUR SCHEDULED APPOINTMENT:

1. Friendliness of the MRI Group staff who treated you (22)	5	4	3	2	1	N/A
2. Technical skill of the MRI Group staff who treated you (23)	5	4	3	2	1	N/A
3. Explanation the staff gave you about your treatment (24)	5	4	3	2	1	N/A
4. Staff concern for your comfort (25)	5	4	3	2	1	N/A

SOME FINAL RATINGS:

1. Degree to which your treatment met your expectations (26)	5	4	3	2	1	N/A
2. Overall professional attitude of staff (27)	5	4	3	2	1	N/A

3. If there was a problem with your experience at MRI Group, was it resolved to your satisfaction? (28) 1. Yes 2. No

4. Would you use MRI Group again? (29) 1. Yes 2. No

5. If any of our staff members provided outstanding service beyond your expectations, please identify and explain.

6. Would you recommend MRI Group to your family and friends? (30) 1. Yes 2. No

Comments- please include positive experiences as well as concerns: _____

PATIENT SURVEY

Instructions:

*MRI Group strives to
provide caring, convenient
and complete services.*

*We are asking you to please
take a few minutes to rate
your experience with us.*

*Circle the number that best
represents your feelings.*

*When you have completed
the survey, please fold it
as indicated and drop
it in the mail.*

THANK YOU.

ATTN: LYNN KAUFMAN
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