

# 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 return this form to our office or mail it to the address on the back. Thank you.

**PLEASE COMPLETE**

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     Advertisements     Friends/family recommended

**SITE OF MRI SERVICE:**

- 560 N Lime Street, Lancaster (16)       540 N Duke Street, Lancaster       950 Octorara Trail, Parkesburg
- 2104 Harrisburg Pike, Lancaster       51 Peters Road, Lititz       730 Eden Road, Lancaster
- 424 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: \_\_\_\_\_

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# 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 return it to our office or mail it to the address provided.

THANK YOU.

Attn: Karen DiGiovanna  
MRI Group  
PO Box 4216  
Lancaster, PA 17604-4216

A Penn Medicine Lancaster General Health partner

**MRI GROUP**



Place  
stamp  
here

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