



DEDICATED BIOPSY SERVICES

COMMITTED TO COMPASSIONATE MEDICAL EXCELLENCE

Patient Satisfaction Survey

Date of Exam: _____

Facility: _____

Name: (optional) _____

1	Poor
2	Fair
3	Good
4	Very Good
5	Excellent

For each item identified below, circle the number to the right that best fits your judgment of its quality. Use the scale above to select the quality number.

Description / Identification of Survey Item	Scale				
1. How would you rate the explanation of your examination by our personnel?	1	2	3	4	5
2. How would you rate our friendliness and compassion?	1	2	3	4	5
3. How would you rate the cleanliness of the mobile unit?	1	2	3	4	5
4. How would you rate the privacy you were given while on the mobile unit?	1	2	3	4	5
5. Were you treated with professionalism, courtesy, and respect?	1	2	3	4	5
6. How would you rate the care you received from the Radiologist (Physician)?	1	2	3	4	5
7. How would you rate the care you received from the Technologist?	1	2	3	4	5
8. How would you rate the care you received from the Technologist Assistant?	1	2	3	4	5
9. How would you rate your overall experience with our facility?	1	2	3	4	5

Would you like to thank someone in particular?

Name: _____

Additional Comments: _____

Please contact Dedicated Biopsy Services at 951/288-2344 if you would like to discuss your comments and concerns.