

Your Opinion Matters!

Tower Saint John's Imaging values your time and your opinion.

As a patient, we'd like you to tell us if our service met your expectations, today. There are two ways to provide us with your feedback... either flip this card over, fill out the printed survey and leave the card with one of our staff, or go to our web site www.towersji.com and click on the Patient Survey button (shown below) to fill out the secure, confidential, online survey.

Either way, let us say "Thank You" for trusting us to care for your imaging needs.



Imaging by Specialists

310.264.9000 • www.towersji.com

Tower Saint John's Imaging - Patient Survey

What type of exam did you have today? _____

What is the name of your referring physician? _____

How long did you wait for your exam upon arrival in our office? _____

Please rate the following: (1 = worst, 4 = best)

	1	2	3	4
Our scheduling procedure and availability met your needs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our location was convenient and easily accessible?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our reception area was clean and tidy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our front office staff was helpful and courteous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our registration process was easy and efficient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If an exam prep was required, were you given adequate instructions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Technologist was helpful and courteous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your procedure/exam was properly explained to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How would you rate our service overall?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you use us again for your imaging needs or recommend us to a friend?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Maybe	

Comments _____

Your Name: _____ Phone/Email: _____