



ASSOCIATED RADIOLOGISTS, P.A.

ADS Acc't #: \_\_\_\_\_

### Your Opinion Counts

	<i>(Initials)</i>	Excellent	Satisfactory	Poor
Scheduling your exam	_____	1	2	3
Receptionist/Registration	_____	1	2	3
Technologist	_____	1	2	3
Radiologist (if applicable)	_____	1	2	3
Quality of Service you received today		1	2	3
Would you use Associated Radiologists in the future?	Yes_____ No_____			

\*\*\* Please make additional comments on back. \*\*\*

Comments:

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If you would like to discuss anything in confidence with our Facility Manager:

Phone #: \_\_\_\_\_

Best time to call: \_\_\_\_\_