

Dear Physician,
MRI of Springfield in Castle Gate prides itself in producing the best image quality and service to you, your staff, and your patients. Please help us as we strive to keep quality as a continuing process by filling out the following satisfaction questionnaire. Your input is valuable to us.

Physician Satisfaction Questionnaire

For services rendered from MRI of Springfield in Castle Gate

1. **Were your patient scans performed in a timely manner?** yes no

2. **Were there any complaints to you or your staff from your patient about MRI of Springfield in Castle Gate?** no yes **If so, please tell us the nature of the complaint**

3. **Does MRI of Springfield in Castle Gate provide you and/or your office with adequate communication?** yes no **If no, please explain:**

4. **Were your interpretation reports and/or MRI films received in a timely manner?**
yes no

5. **Are you satisfied with the radiologists, MRI interpretations, and the image quality from MRI of Springfield in Castle Gate?** yes no **If no, please explain why** _____

6. **Would you be confident in referring other patients to MRI of Springfield?**
yes no **If no, please explain**

Additional comments and/or Signature optional:
