X-RAY ASSOCIATES
PATIENT SURVEY

Administrative Office

955 Major Mackenzie Drive W., Suite 216, Vaughan ON, L6A 4P9

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Please Fax or Mail Us Back Your Comments So We Can Better Serve You.

Type of Service Provided:

( ) X-Ray ( ) Ultrasound ( ) BMD ( ) Nuclear Medicine

Date of Service Provided (MM/DD/YY): _____

Which X-Ray Associates location did you receive the indicated services from?

( ) 679 Davis Dr., Newmarket

( ) 125 Pedersen Dr., Aurora

( ) 250 Harding Blvd., Richmond Hill

( ) 955 Major Mackenzie Dr., Vaughan

	Please rate each item by selecting the rating that best describes your opinion. Please complete all fields prior to submitting.	**Poor**	**Fair**	**Good**	**Very Good**	**Excellent**	**N/A**
1	Waiting time: How long you had to wait to get an appointment at this clinic						
2	Waiting time: How was your wait in the waiting room before you were seen						
3	Instrutions: How well and how clearly were your preparations for the test explained to you by the clinic staff						
4	Ease of getting information: Willingness of the clinic staff to answer questions						
5	Information you were given: How clearly and completely were the explanations of any possible risks and complications of the tests						
6	Overall treatment: How well did the staff listen and understand what was important to you (e.g. Concern, care, respect, friendliness, kindness)						
7	Safety and Security: How well did the staff provide for the safety and security of your belongings						
8	Privacy: How well was your privacy considered (e.g. type of gowns used, privacy while changing)						
9	Instructions on leaving: How clearly and completely were you told of what to do and what to expect after you have left the clinic						
10	Would you recommend this clinic to a friend or family member if they needed the services of this clinic	( ) YES			( ) NO		
11	Did the clinic offer a report for your test in time to meet your medical needs	( ) YES			( ) NO		
12	Overall quality of care: How would you evaluate the services and the treatment you received in this clinic						
13	What suggestions or changes would you recommend to improve our service?						
14	If you would like to be contacted about your concerns, please leave your name and telephone number at which you can be reached.	Full Name:			Number:		

Thank-You For Your Time!