

ST.KITTS BIOMEDICAL MRI

We are committed to providing you with quality imagining and patient care. Your feedback is important to us. Kindly complete the survey.

Please rate your level of satisfaction using the following scale. Check the box in front of the #.

- 1=Poor 2=Fair 3=Good 4= Very Good 5=Excellent N/A

Your MRI experience?

- 1 2 3 4 5

The technician's explanation of MRI procedure.

- 1 2 3 4 5 N/A

Ease of scheduling MRI

- 1 2 3 4 5 N/A

How long did you have to wait for your appointment after scheduling it?

- 1-2 days less than a week more than a week more than 2 weeks

If you would use our facility again, what would be the reason(s)? Select all that apply.

- Location (lack of overseas travel) Pricing Staff: friendliness, professionalism
 Doctor's suggestion Other (specify)

How likely are you to recommend SKBMRI

- not likely neutral likely very likely

We welcome additional feedback and suggestions on how we can improve the MRI experience.

Thank You for your business and your feedback!