



# TRISTATE RADIOLOGY CENTER

1510 Wagon Wheel Lane, Suite 103  
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www.tsradiology.com



We are committed to providing the best imaging service possible. We value your feedback and perspective. Thank you for taking the time to make your comments available to us and for allowing us to serve you.

### PLEASE CIRCLE ONE SCORE PER CATEGORY

<b>APPOINTMENT SCHEDULING</b>	Convenience	<b>EXCELLENT</b>	<b>GOOD</b>	<b>AVERAGE</b>	<b>POOR</b>
	Professionalism	4	3	2	1
	Met your needs				

<b>FRONT DESK PERSONNEL</b>	Promptness				
	Friendliness	<b>EXCELLENT</b>	<b>GOOD</b>	<b>AVERAGE</b>	<b>POOR</b>
	Professionalism	4	3	2	1
	Knowledge				
Employee Name: _____					
Facility: _____ Date: _____					

<b>TECHNOLOGIST</b>	Promptness				
	Friendliness	<b>EXCELLENT</b>	<b>GOOD</b>	<b>AVERAGE</b>	<b>POOR</b>
	Professionalism	4	3	2	1
	Knowledge				
Employee Name: _____					
Circle Modality: CT MRI X-Ray MAM US DEXA NUC PET					

<b>FACILITY</b>	Cleanliness	<b>EXCELLENT</b>	<b>GOOD</b>	<b>AVERAGE</b>	<b>POOR</b>
	Comfort	4	3	2	1
	Location/Access				

Why did you choose our imaging center?

- Convenient location    Previous visit    Advertising  
 Insurance referral    Physician referral    Reputation  
 Other: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (optional): \_\_\_\_\_

Would you like to be contacted to discuss your comments?

\_\_\_ If so, provide your phone#: \_\_\_\_\_

**Please leave your comment card in the suggestion box located in the main waiting room. Thank You.**