Dear Patient, Since opening in October 1989, the CHEM Center has provided a questionnaire to patients who have completed an MRI exam. We feel this is one way to measure and assure a quality serv- ice. Accordingly, we have read each survey and have made improvements as recommended.	3. Was the length of time you waited in the lobby prior to your exam acceptable? Very	7. How well were your questions answered regarding billing and insurance? Thoroughly
Our goal is to maintain the trust and respect of the patients we serve. Would you please take a few minutes to complete the enclosed survey and let us know how we are doing. PATIENT SATISFACTION SURVEY Patient Name: Date of your exam:	4. How would you rank the CHEM Center with regard to cleanliness and order? Excellent Good Fair Poor Comments:	8. Based on your visit, would you recommend the CHEM Center to your family or friends? Definitely Probably Not Sure No
Please X your experience in the following areas.	Comments.	Comments:
1. Was the manner in which you were greeted courteous and professional? Very	5. Did your technologist adequately explain the procedure before your exam? Thoroughly	9. Overall, how would you rank your treatment a the CHEM Center? Excellent Good Fair Poor Comments:
If you were transported from another facility for your MRI please answer the following questions: (otherwise continue to question #3) a.) Hospital or Long Term Care Facility: b.) How would you rank the transportation?	6. Was your comfort and privacy respected during your visit? Thoroughly Moderately	10. What suggestions or comments do you have to improve our service? Comments:
Excellent	Fairly Poorly Comments:	
Comments:		We appreciate your comments. Thank you for participating in our survey. To return, please fold your label inside, staple and mail.