



## QUALITY ASSURANCE QUESTIONNAIRE

In order to identify ways in which we can better serve the needs of your staff and patients, we ask that you help us by providing insight into our service. We hope to use this information to strengthen our level of service and to coach and compliment our employees and physicians. At your convenience, please complete the following questionnaire and return via fax to the number listed below. Rate the issues based on your experience with us, be it good or bad. We appreciate your honesty and time in completing this survey.

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1 – Poor      2 – Needs Work      3 – Acceptable      4 – Good      5 – Excellent

- When placing your order, is the order taken in a timely and courteous fashion? \_\_\_\_\_
- Do you feel there is a timely response to your x-ray order request? \_\_\_\_\_
- Does the x-ray technologist usually arrive in a timely manner? \_\_\_\_\_
- Is the technologist friendly and helpful to you, your staff and residents? \_\_\_\_\_
- Is the technologist attired appropriately, complete with ID badge? \_\_\_\_\_
- Do you receive written reports in a timely manner? \_\_\_\_\_
- Is the information you receive from the radiologist accurate and useful? \_\_\_\_\_
- Does a representative from NMS call on you appropriately and frequently? \_\_\_\_\_
- If there is an issue to be addressed, is the response appropriate? \_\_\_\_\_
- Would you refer Northwest Mobile Services to a family member or loved one? \_\_\_\_\_

We would appreciate any additional comments that would better improve our service to your facility. As well, feel free to make copies and have multiple staff reply.

Please fax this completed form to 503-646-7036 at your earliest convenience. Again, NMS thanks you for your time and consideration!

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Facility \_\_\_\_\_

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Print Name / Title \_\_\_\_\_

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