

PHYSICIAN SATISFACTION SURVEY

NAME OF THE PHYSICIAN: _____

QUALIFICATION: MD: ()
 SPECIALIST: _____
 (PLEASE SPECIFY)

- | | | | | | | |
|--|-----|-------------------------|-----|---------------------|---------------------------|-------------|
| 1. Requisition form to order tests is | () | easy to follow | () | difficult to follow | | |
| 2. Is there enough space on the requisition form to document clinical information | () | yes | () | no | | |
| 3. Patient identification information on reports | () | excellent | () | good | ()
adequate | |
| 4. Diagnostic information on reports | () | very easy to understand | () | easy to understand | ()
hard to understand | |
| 5. Accuracy of diagnostic information on reports (as experienced from clinical management, other diagnostic work up performed and follow up procedure) | () | accurate | () | adequately accurate | ()
not accurate | |
| 6. Have you experienced any misdiagnosis or discrepancy in diagnostic accuracy at any time and communicated the same. If yes, please explain in detail | () | yes | () | no | | |
| | | | | | | |
| 7. Feedback from patients | () | very positive | () | positive | ()
negative | |
| 8. When you call to make an appointment, does the staff at the clinic respond in a courteous and professional manner | () | yes | () | no | | |
| 9. Are the diagnostic imaging staff easily available to discuss findings of a report when you need to | () | yes | () | no | | |
| 10. Do your patients get appointments sooner than other clinics or hospitals for ultrasound tests | () | yes | () | no | ()
the same | |
| 11. Do your reports reach you promptly and within acceptable time periods | () | yes | () | no | | |
| 12. Overall impression about the type of diagnostic imaging service your patients receive. i.e. patient treatment and accuracy of diagnostic imaging diagnosis | () | excellent | () | very good | ()
good | ()
poor |

PHYSICIAN'S SIGNATURE: _____

DATE: _____