

CUSTOMER FEEDBACK FORM

DATE:

NAME:

EMAIL ADDRESS:

PHONE NUMBER:

YOUR FEEDBACK IS IMPORTANT TO US

How did you hear about proRAD Medical Imaging?

- Referring Doctor or Health Professional.
- Family/friend recommendation.
- Live in the local community/Shop at Derrimut Village Shopping Centre.
- Other _____

Why did you choose to have your radiology service at proRAD Medical Imaging?

- Close to home/medical centre/work etc
- Appointments available.
- Services offered.
- Other _____

From your visit today, please rate us on the following;

	Needs attention	Meets expectations	Exceeds expectations
Ease of appointment making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical environment and presentation of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff promptness in attending to your appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness and helpfulness of staff members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any additional comments/suggestions.

Please tick for "YES" if you would like a callback from proRAD's Relations team?

THANK YOU – WE APPRECIATE YOUR FEEDBACK

