



Please mark the location of service:

- Central Oregon Radiology Assoc.,P.C.
1460 NE Medical Center Dr., Bend Oregon
- Cascade Medical Imaging, LLC (WESTSIDE)
1693 SW Chandler # 260, Bend Oregon
- Cascade Medical Imaging, LLC (REDMOND)
1531 N. Canal Blvd, Redmond Oregon
- St. Charles Medical Center (BEND)
2500 NE Neff Rd., Bend Oregon
- St. Charles Medical Center (REDMOND)
1253 NW Canal Blvd, Redmond Oregon

Dear Patient;

Your feedback is valuable to us. Help us evaluate how we are doing in accomplishing our goal of professional, courteous service. Please take a minute to complete this questionnaire and fax it to 541.382.2719.

(Please check the exam(s) you had at one of our facilities)

- CT
- MRI

- General Radiology
- Mammography

- Nuclear Medicine
- Ultrasound

	Excellent	Good	Fair	Poor
Convenience of appointment time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy/confidentiality respected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promptness/professionalism of service upon arrival	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort/pleasantness of our facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy/professionalism of technologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation of procedure/education materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promptness of appointment time/informed of delay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you completely satisfied with your visit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

What could we have done to meet your expectations? Additional comments: _____

Patient Name (optional) _____
Please Print

Thank you for taking time to complete this questionnaire. If you have any questions regarding your care at our facility, please call us at 541.382.6633.

Sincerely, DOCTORS AND STAFF