

Montgomery Imaging Center

Patient Survey

Please complete and fax to 334-288-4628

You may also return by mail to:
2055 Normandie Drive Suite 108
Montgomery AL 36111
Attn: Facility Manager

Date: _____

Referring Physician's Name: _____

Please check which examination you will be receiving:

- MRI
- UltraSound
- Xray/Fluoroscopic exam

Please circle one of the answers below:

1. Speed and ease of admission process.
Excellent Good Fair Poor
2. Courtesy of person who admitted you.
Excellent Good Fair Poor
3. Was your appointment prompt/ were you notified if appointment time was delayed?
Excellent Good Fair Poor
4. Courtesy of technician performing your exams.
Excellent Good Fair Poor
4. How did staff respond to concerns, needs, or complaints voiced by you or your family during your call(s) or visit(s)?
Excellent Good Fair Poor
5. Overall quality of your experience while you were cared for at MIC.
Excellent Good Fair Poor

Please give us your comments:
