

# NeuroScience Imaging Center

## Patient Survey

Please complete and fax to 334-286-3165

You may also return by mail to:  
2065 East South Blvd Suite 102  
Montgomery, Alabama 36116

Date: \_\_\_\_\_

Referring Physician's Name: \_\_\_\_\_

Please check which examination you will be receiving:

- MRI
- CT

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 NIC.  
Excellent      Good      Fair      Poor

Please give us your comments:

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