



CUSTOMER SATISFACTION SURVEY

Thank you for the opportunity to be your mobile mammography service provider. Our goal is to screen for the early detection of breast cancer in as many women as possible. We can only accomplish this by providing our customers, with the highest quality service possible.

In an effort to determine the level of satisfaction and specific areas for improvement. Please provide us with your honest feedback on today's service by answering the following questionnaire.

Mammography Technologist: _____

Technologist Assistant: _____

Name of Provider/Clinic: _____

Date of Service: _____

THE RATING SCALE FROM 1 TO 5:

1. Very poor, needs significant improvement
2. Inconsistent and needs improvement
3. Acceptable
4. Above Average
5. Excellent

Please rate our Mammography Technologist and Technologist Assistance in the following areas:

1. Punctuality _____
2. Appearance _____
3. Professionalism _____
4. Courtesy towards patients _____
5. Courtesy towards providers employee's _____
6. Cleanliness of work area _____

COMMENTS:

Please know that this information is anonymous and will only be used in an effort to improve our service for you and your patients. **PLEASE RETURN VIA FAX TO (310) 496 – 1405**

