

# Your Opinion Matters!

Please let us know how we are doing.

Name: \_\_\_\_\_ (Optional)

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



**CEDAR LAKE MRI**

“Quality matters... Our Image Proves It.”

Thank you for choosing Cedar Lake MRI. Our goal is to provide you with the highest quality of service and care. Your input will help us evaluate our operations and services to ensure we are truly responsive to your needs. Please take a moment to let us know what you think!

**LeaAnn Bormann**

**Business Director**

Office: 228-354-0251

	Excellent	Very Good	Good	Fair	Poor
Appointment Scheduling					
Parking					
Building Access					
Receptionist Greeting and Promptness					
Fees					
Ease of Completing Forms					
Wait Time					
Sincerity and Professionalism of Technologist					
Technologist Communicated with you During the Exam					
Patient Privacy					
Cleanliness of Facility					
Overall MRI Experience					

## Please Answer Yes or No

I would return to Cedar Lake MRI for future MRI needs.

Yes

No

I would recommend Cedar Lake MRI to friends and family.

Yes

No

**We Welcome any Comments or Suggestions:**

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