Date of service(s): ________________  Type of exam(s): ________________

Location of Service(s):
- Central Oregon Radiology (Bend)
- Cascade Medical Imaging (Redmond)
- St. Charles Medical Center (South 3rd St. - Bend)
- St Charles Medical Center (Bend)
- St Charles Medical Center (Redmond)
- St Charles Medical Center (Prineville)
- St Charles Medical Center (Madras)
- CMI and COMRI (Bend’s Southside)

Convenience of appointment time
- EXCELLENT
- GOOD
- FAIR
- POOR

Check in process
- EXCELLENT
- GOOD
- FAIR
- POOR

Promptness/Professionalism of service upon arrival
- EXCELLENT
- GOOD
- FAIR
- POOR

Comfort/Pleasantness of facility
- EXCELLENT
- GOOD
- FAIR
- POOR

Courtesy/Professionalism of technologist
- EXCELLENT
- GOOD
- FAIR
- POOR

If you met with a Radiologist, how was your experience?
- EXCELLENT
- GOOD
- FAIR
- POOR

Would you recommend our facility?  ☐ Yes  ☐ No

Comments:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Would you like to discuss your comments further?  ☐ Yes  ☐ No

If yes, Please print your name: ____________________________ Phone Number: _____________