

EVALUATION SHEET OF SATISFACTION SURVEY OF PATIENTS

Dear Mrs., Dear Mr.,

We kindly ask you to dedicate us some minutes to fill this questionnaire in, underlining Your choose.

Your contribution represents for us a huge help in order to better our services and examinations that Sanirad offers to its patients.

The questionnaire is anonymous: Your name, signature and address aren't mandatory and you may insert them in only if you want to receive a direct answer to any question or claims that you want to do.

Once filled in, you may deliver it into the appropriate box.

Thanks for cooperation

Sanirad
Sanitary Director

1 - The waiting room in your opinion is:

Welcoming Unwelcoming Not welcoming at all

2 - In the working ambiente where the examination took place there was:

Peace Some noise A lot of noise

3 - Were the received information clear?

Very clear Enough Not clear At all

4 - The reception staff was kind and available?

A lot Enough Not so much At all

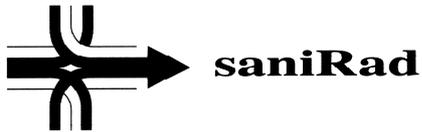
5 - The X-ray technician and/or the radiologist was/were kind and available?

A lot Enough Not so much At all

6 - Do you think that la riservatezza delle informazioni personali that you were asked have been respected by the staff?

A lot Enough Not so much At all

7 - In your opinion the waiting time between request of appointment and examination was:



Short

Acceptable

Too long

It follows

8 - And the waiting time between end of examination and the report delivery was:

Short

Acceptable

Too long

9 - Was the appointment time respected?

YES

NO

10 - In Your opinion the price/quality ratio is?

Good

Acceptable

Unsatisfactory

Not satisfactory

11 - If you have to attend some other medical examinations, would you come back to Sanirad?

YES

NO

12 - Which is your global comment about the service you received at Sanirad?

Very good

Acceptable

Unsatisfactory

Not satisfactory

OPTIONAL:

If you would like to suggest something or send a claim, please write it below:

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If you would receive an answer, kindly write the here below required information:

Surname / name:

Address:

Telephone:

Signature:

Date: