

THANK YOU for trusting **NCPIC** to perform your scan.

Please tell us how we are doing by completing this survey

What type of study did you have? _____ PET/CT _____ CT Only

At which of our locations ? _____

Needs

- | | | | |
|--|-------------|------|-------------|
| | Improvement | Good | Exceptional |
| 1. How was the quality of your experience with:... | | | |
| The scheduling process? | | | |
| The technologists? | | | |
| The scanning process? | | | |
| Please explain as needed: | | | |

2. Why did you come to **NCPIC** for your scan? *(check as many as appropriate)*

- a. My physician wanted me to go here.
- b. My insurance directed me here.
- c. I understand it is the best place to go for a quality PET or CT scan.
- d. The website influenced my decision.
- e. I have been here before.

- 3. Is this your first visit to NCPIC?
- 4. Did you use our web site to learn more about PET or our service?
- 5. Did you see our Patient Video on our website?
- 6. Would you like to receive our newsletter? *(include your e-mail below)*
- 7. How likely are you to recommend **NCPIC** to a family member or friend?

Less Likely

Most Likely

1 2 3 4 5 6 7 8 9 10

COMMENTS ON YOUR OVERALL EXPERIENCE *(both positive and negative are appreciated)*

NAME

PHONE and/or E-MAIL

REFERRING PHYSICIAN

Please fax to (916) 737-6203 or e-mail as attachment to: info@norcalscans.org