



Burwood Nuclear Medicine Feedback Form

Here at Burwood Nuclear Medicine we value your feedback regarding our services to you, please take the time to fill out this feedback form so that we can better meet your needs. All Complaints/Feedback/Compliments will be forwarded to the practice manager.

Date : _____

Name (If you wish to disclose): _____

Type of scan: _____

Contact no. (If you wish to disclose): _____

On a scale of 1-5 how satisfied were you with our:
(1= Very dissatisfied, 5= Very Satisfied)

Speed of service: 1 - - 2 - - 3 - - 4 - - 5

Quality of service: 1 - - 2 - - 3 - - 4 - - 5

Explanation of procedure: 1 - - 2 - - 3 - - 4 - - 5

Overall: 1 - - 2 - - 3 - - 4 - - 5

If you have a specific complaint/compliment please elaborate below:

Do you have any suggestions on how we can improve our service?

Would you like to me contacted regarding your comments? (Please circle)

Y

N