

**CHARLESTON BREAST CENTER  
PATIENT SATISFACTION PHONE SURVEY**

**Patient Name:** (optional) \_\_\_\_\_ **Date:** \_\_\_\_\_

Please rate the following questions by the scale of excellent, very good, good, fair or poor.  
Check the most appropriate box.

<b>QUESTION</b>	<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
How would you rate the ease in scheduling your appointment?					
How was the convenience of the appointment time?					
How would you rate the courtesy of the front desk personnel?					
How would you rate your Mammography technician courtesy?					
If you saw one, how would you rate your physician?					
How was the promptness of the appointment?					
If not at least good ask, were you informed of delays?					
How would you rate the privacy/confidentiality of your visit?					
How was the explanation of the exam /test/procedure?					
How would you rate your overall care or service that you received?					

Is there anyone that you can recall who provided exceptional service:

\_\_\_\_\_

Will you come back again?       Yes       No

How did you hear about our services?

Radio       TV       Magazine       Family       Friend       Mailing  
 Physician       Newspaper       Internet       Other \_\_\_\_\_

Do you have any questions that we can answer?

Please return to [info@charlestonbreastcenter.com](mailto:info@charlestonbreastcenter.com) or CBC, 1930 Charlie Hall Blvd, Charleston, SC 29414