



Date of exam: 1-14-20

Exam: MRI CT Ultrasound DEXA

How did you hear about us? Physician Referral Family/friend Ad Other HUMAN & PREVIOUS pt.

Please take a few moments to give us feedback regarding your experience by using a scale of 1 to 5 with 5 being the highest.

- | | 1 | 2 | 3 | 4 | 5 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| 1. The staff that scheduled my appointment was polite and accommodating. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. I was able to schedule my appointment during a time that was convenient. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. The front office staff was courteous and helpful. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. The technician took time to explain the procedure thoroughly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Overall, my experience was. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Please feel free to tell us how we can improve our service: _____

Comments: EXCELLENT OVERALL EXPERIENCE

Thank you for choosing Salt Creek Medical Imaging for your imaging needs. We appreciate you taking the time to answer a few questions regarding our service. If you have any additional questions or comments please call 630.413.4490.



Date of exam: 10-17-19

Exam: MRI CT Ultrasound DEXA

How did you hear about us? Physician Referral Family/friend Ad Other _____

Please take a few moments to give us feedback regarding your experience by using a scale of 1 to 5 with 5 being the highest.

- | | 1 | 2 | 3 | 4 | 5 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| 1. The staff that scheduled my appointment was polite and accommodating. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. I was able to schedule my appointment during a time that was convenient. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. The front office staff was courteous and helpful. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. The technician took time to explain the procedure thoroughly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Overall, my experience was. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Please feel free to tell us how we can improve our service: HIRE MORE NURSES AND MORE MEGAN'S. ALL OF THE PEOPLE WERE VERY HELPFUL & EMPATHETIC.

Comments: AS A HEALTHCARE PROFESSIONAL MYSELF, I KNOW I CAN BE THE WORST PATIENT... MEGAN WAS VERY ACCOMMODATING AND UNDERSTANDING TO ASSIST ME WITH MY UNIQUE NEEDS.

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Date of exam: 6-19-19

Exam: MRI CT Ultrasound DEXA

How did you hear about us? Physician Referral Family/friend Ad Other _____

Please take a few moments to give us feedback regarding your experience by using a scale of 1 to 5 with 5 being the highest.

- 1. The staff that scheduled my appointment was polite and accommodating 1 2 3 4 5
- 2. I was able to schedule my appointment during a time that was convenient. 1 2 3 4 5
- 3. The front office staff was courteous and helpful 1 2 3 4 5
- 4. The technician took time to explain the procedure thoroughly 1 2 3 4 5
- 5. Overall, my experience was 1 2 3 4 5

Please feel free to tell us how we can improve our service: I HATE MRIs but today's visit was wonderful. Thank you [Name] (Tech) for a calming experience despite my fear.
 Comments: Wonderful front desk service too. N.Ki. is so very thorough & sweet.

Thank you for choosing Salt Creek Medical Imaging for your imaging needs.
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 If you have any additional questions or comments please call 630.413.4490.



Date of exam: 4-24-2019

Exam: MRI CT Ultrasound DEXA

How did you hear about us? Physician Referral Family/friend Ad Other _____

Please take a few moments to give us feedback regarding your experience by using a scale of 1 to 5 with 5 being the highest.

- 1. The staff that scheduled my appointment was polite and accommodating 1 2 3 4 5
- 2. I was able to schedule my appointment during a time that was convenient. 1 2 3 4 5
- 3. The front office staff was courteous and helpful 1 2 3 4 5
- 4. The technician took time to explain the procedure thoroughly 1 2 3 4 5
- 5. Overall, my experience was 1 2 3 4 5

Please feel free to tell us how we can improve our service: _____

Comments: Not looking forward to it but it was painless and less time than I expected
Marcia Thorpe

Thank you for choosing Salt Creek Medical Imaging for your imaging needs.
 We appreciate you taking the time to answer a few questions regarding our service.
 If you have any additional questions or comments please call 630.413.4490.



Date of exam: 04-17-19

Exam: MRI CT Ultrasound DEXA

How did you hear about us? Physician Referral Family/friend Ad Other _____

Please take a few moments to give us feedback regarding your experience by using a scale of 1 to 5 with 5 being the highest.

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| 1. The staff that scheduled my appointment was polite and accommodating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. I was able to schedule my appointment during a time that was convenient. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. The front office staff was courteous and helpful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. The technician took time to explain the procedure thoroughly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Overall, my experience was | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Please feel free to tell us how we can improve our service: Thy to wa. Essensten

for the thorough evaluation.
most help full going forward

Comments:

RICHARD ALLISON

Thank you for choosing Salt Creek Medical Imaging for your imaging needs.
We appreciate you taking the time to answer a few questions regarding our service.
If you have any additional questions or comments please call 630.413.4490.



Date of exam: 4/8/19

Exam: MRI CT Ultrasound DEXA

How did you hear about us? Physician Referral Family/friend Ad Other _____

Please take a few moments to give us feedback regarding your experience by using a scale of 1 to 5 with 5 being the highest.

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| 1. The staff that scheduled my appointment was polite and accommodating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. I was able to schedule my appointment during a time that was convenient. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. The front office staff was courteous and helpful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. The technician took time to explain the procedure thoroughly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Overall, my experience was | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Please feel free to tell us how we can improve our service:

Glady's + Katie were awesome!
I am a doctor's wife and they were so nice
and accomadating.

Comments:

Thankyou! (smiley face)

Thank you for choosing Salt Creek Medical Imaging for your imaging needs.
We appreciate you taking the time to answer a few questions regarding our service.
If you have any additional questions or comments please call 630.413.4490.



Date of exam: 2/8/18

Exam: MRI CT Ultrasound DEXA

How did you hear about us? Physician Referral Family/friend Ad Other

Please take a few moments to give us feedback regarding your experience by using a scale of 1 to 5 with 5 being the highest.

- 1. The staff that scheduled my appointment was polite and accommodating 1 2 3 4 5
- 2. I was able to schedule my appointment during a time that was convenient. 1 2 3 4 5
- 3. The front office staff was courteous and helpful 1 2 3 4 5
- 4. The technician took time to explain the procedure thoroughly 1 2 3 4 5
- 5. Overall, my experience was 1 2 3 4 5

Please feel free to tell us how we can improve our service: X

Comments: My neurologist said your MRI was very good - clear, concise and asked me to schedule future MRI's at your facility! Thanks!
Nancy Tutich
630-852-5743

Thank you for choosing Salt Creek Medical Imaging for your imaging needs.
 We appreciate you taking the time to answer a few questions regarding our service.
 If you have any additional questions or comments please call 630.413.4490.



Date of exam: 2-21-16

Exam: MRI CT Ultrasound DEXA

How did you hear about us? Physician Referral Family/friend Ad Other MD's Nurse

Please take a few moments to give us feedback regarding your experience by using a scale of 1 to 5 with 5 being the highest.

- 1. The staff that scheduled my appointment was polite and accommodating 1 2 3 4 5
- 2. I was able to schedule my appointment during a time that was convenient. 1 2 3 4 5
- 3. The front office staff was courteous and helpful 1 2 3 4 5
- 4. The technician took time to explain the procedure thoroughly 1 2 3 4 5
- 5. Overall, my experience was 1 2 3 4 5

Please feel free to tell us how we can improve our service: My physicians are part

Comments: of Amira and referred me to the system. I was unwilling to wait 10-14 day to schedule an MRI. My experience at SCMI was much better than at LaGrange 3 years ago. My physician was pleasantly surprised how fast you got results back to them.

Thank you for choosing Salt Creek Medical Imaging for your imaging needs.
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 If you have any additional questions or comments please call 630.413.4490.