



COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS & SURGEONS

Thank you for referring patients to Columbia Kreitchman PET Center. In order to ensure that we provide the highest quality care, we ask you to complete the following brief survey. If you have any questions or comments, please do not hesitate to contact us at **212.923.1555** or **info@columbiapet.org**.

*Please rank your **experience** with Columbia Kreitchman PET Center:* 1=*negative* 2=*neutral* 3=*positive*

1. Quality and definitive nature of PET readings	1	2	3
2. Quality of PET images	1	2	3
3. Timeliness of faxed reports	1	2	3
4. Timeliness of mailed reports	1	2	3
5. Return of additional patient films (MR, CT)	1	2	3
6. Courtesy and helpfulness of office staff	1	2	3
7. Selection of appointment times	1	2	3
8. Availability of urgent appointments	1	2	3
9. Feedback from patients about PET suite staff	1	2	3
10. Feedback from patients about office staff	1	2	3
11. Overall experience	1	2	3

*Please rate the **importance** of the following:* 1=*not important* 2=*neutral* 3=*important*

12. Reputation of faculty and PET Center	1	2	3
13. Accessibility of physicians	1	2	3
14. Office visit from PET Center representative	1	2	3
15. Quality of PET equipment	1	2	3
16. Travel distance for patient	1	2	3
17. Availability of valet parking	1	2	3
18. Participation with managed care plan	1	2	3
19. Availability of urgent and same-day appointments	1	2	3
20. Access to electronic (digital) PET scan images	1	2	3
21. Receipt of films with negative findings	1	2	3
22. Receipt of films with positive findings	1	2	3

23. Who selected Columbia Kreitchman PET Center? _____

24. Are there additional managed care plans you would like us to participate with?

25. How can our services be improved?

Name (Optional): _____ Phone: _____

Please fax this form to 212.923.2821