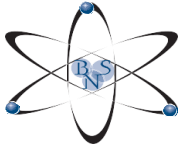


Physician Name: _____

Date: _____



Brampton Nuclear Services

28-470 Chrysler Drive, Brampton, ON, L6S 0C1
Phone: 905-791-3458 Fax: 905-791-3460

PHYSICIAN SATISFACTION SURVEY

Brampton Nuclear Services takes pride in our commitment to our referring physicians and their patients. In addition to having patients complete a brief survey, we would also appreciate your feedback. Please help us as an Independent Health Facility to better meet the needs of our community by taking a few minutes to answer the following questions:.

1. How long have you referred patients to our clinic? _____ years _____ months
2. Approximately how many patients have you referred in the last 6 months? _____ # of patients
3. Do you refer your patients to more than one facility of this type? Yes No
4. What are the reasons you refer to this particular facility? (circle all that apply)
 - a. Near Patient's home
 - b. Have specialized equipment / diagnostic testing / all in one location
 - c. Turnaround time to receive the results is shortest
 - d. Have staff that speak other languages and thus can better understand my patients
 - e. Are able to see patients quickly/urgently
 - f. Have convenient hours of operation
 - g. Quality of services provided
 - h. Other, please describe _____
5. Have you been dissatisfied with services received from this facility in the past six months? Yes No
6. Please rate each item by circling the number that best describes your experience with Brampton Nuclear Services

	Usually	Frequently	Sometimes	Seldom	Never
a. Requests for consultations/test are handled promptly	5	4	3	2	1
b. The facility accommodates patients when test is urgent	5	4	3	2	1
c. The interpreting physician is available to you for consultation	5	4	3	2	1
d. Reports are sent out in a timely manner	5	4	3	2	1
e. Written reports on the diagnosis are satisfactory	5	4	3	2	1
f. Do you find the BNS requisition form easy to use	5	4	3	2	1
g. Are you able to reach us conveniently/ by phone/ fax /email	5	4	3	2	1

7. Overall how satisfied are you with the contacts you have had with Brampton Nuclear Services?

a: very satisfied **b:** satisfied **c:** neutral **d:** dissatisfied **e:** very dissatisfied

8. Additional Feedback _____

Thank you for your help!

Please return to one of the following:

1. Fax: 905-791-3460

2. Scan and email to www.bramptonnuclear.com

Office Use	Date received	Staff member	Action taken
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