



Patient Feedback

We welcome any feedback from both patients and referrers. Please fill in this form and return to front reception. You do not have to leave your name or contact details.

Practice attended: Tweed Heads Byron Bay Kingscliff Murwillumbah

Date of your visit: / /

For each of the following, rate your experience with a circle between 1 (poor) and 5 (excellent):

Greeting at front desk	1	2	3	4	5
Waiting time for examination	1	2	3	4	5
Explanation of your examination	1	2	3	4	5
Care taken during your examination	1	2	3	4	5
Processing of your account	1	2	3	4	5
Waiting time for images	1	2	3	4	5
Presentation of department	1	2	3	4	5
Overall experience	1	2	3	4	5

Any additional Comments (compliments or complaints):

Contact details:

P: _____ **email:** _____



AdvancedRadiologyClinics