



Website Feedback Form | Ultrasounds

For the Patient

O&G is committed to providing the best possible service to our patients. Please take a minute to complete this survey. We value your feedback.

Title:

Last Name:

First Name:

Email:

Phone:

Type of Ultrasound Examination:

Feedback

Where you satisfied with our service prior to your appointment?

Please take into account things like reminders of what to bring to your appointment, exam preparation and explanation of the account.

Very satisfied

Satisfied

Neither satisfied or dissatisfied

Dissatisfied

Very dissatisfied

Any other comments:

Where you satisfied with our service on the arrival to your appointment?

Please take into account things like the friendliness of our staff, notification of any wait times and the appearance of our waiting room.

Very satisfied

Satisfied

Neither satisfied or dissatisfied

Dissatisfied

Very dissatisfied

Any other comments:

Where you satisfied with our service during your ultrasound examination?

Please take into account things like the communication skills demonstrated by the Sonographer and how you felt during the scan.

- Very satisfied
- Satisfied
- Neither satisfied or dissatisfied
- Dissatisfied
- Very dissatisfied

Any other comments:

Where you satisfied with our service at the end of your ultrasound examination?

Please take into account information given to you about the follow up of your scan results and finalisation of your account.

- Very satisfied
- Satisfied
- Neither satisfied or dissatisfied
- Dissatisfied
- Very dissatisfied

Any other comments:

Thank you your feedback. A member from our O&G team will be in contact with you as soon as possible.

For the Referrer

O&G is committed to providing the best possible service to our patients. Please take a minute to complete this survey. We value your feedback.

Name: _____ Surgery Name: _____

Email: _____ Phone: _____

Your comments:

Thank you your feedback. A member from our O&G team will be in contact with you as soon as possible.