



Patient Satisfaction Survey

Dear Patient:

Please help us to improve by completing this survey about your experience with us.

I. Scheduling

1.	Did your scheduler properly explain the testing you were going to receive?	YES	NO
2.	Did your scheduler confirm your appointment and provide arrival time?	YES	NO
3.	Was your scheduler courteous and helpful?	YES	NO

II. The Technician

1.	Did your technologist arrive on time or communicate a time change to you?	YES	NO
2.	Did your technologist introduce his or herself and/or wear a name tag?	YES	NO
3.	Did your technologist properly explain the procedure to your understanding?	YES	NO
4.	Did your technologist help you feel comfortable with the equipment and what was expected of you during your study?	YES	NO
5.	Did your technologist remove all glue from your scalp when you were disconnected?	YES	NO

IV. COMMENTS:

Name (Optional): _____

Date: _____

Please email response to info@neuralogix.biz or mail to 5150 HWY 22 Ste C15 Mandeville, LA 70471