



EVALUATION FORM FOR PATIENTS

Name of Customer (optional):	Dissatisfied			Satisfied	
	1	2	3	4	5
QUESTION					
1. Are you satisfied with the laboratory referral form? If no,					
2. Are you satisfied with the laboratory report form? If no, comment.					
3. Are you satisfied with the turnaround time of laboratory tests? If no, comment.					
4. Are you being informed about critical results when encountered?					
5. Are you satisfied by our service?					
QUESTION	Never			Often	
	1	2	3	4	5
6. Did you receiving flawed/inadequate reports (e.g. missing test, incorrect codes, incorrect patient details, etc.)?					
QUESTION	Cheap			Expensive	
	1	2	3	4	5
7. How do you rate our prices?					

Comments/Suggestions & Improvements:

Clinic		
Physicians name		
Signature		Date