

8. How satisfied are you with the image and/or film quality?

Poor		Meets Expectations		Excellent
1	2	3	4	5

9. Based on what you are hearing from your patients:

Yes, they are very pleased with the attention and service they receive at InView Imaging.
No, they are not pleased with the attention and service they receive at InView Imaging

Additional comments, please?

10. Also, based on your overall experience with us would you recommend InView Imaging to another colleague if s/he had an appropriate diagnostic need?

- Yes, I definitely would.
- No, I definitely would not
- I am not sure

Additional comments, please?

Physician or Practice Name (optional) _____

Please *Mail* or *Fax* your completed survey to:

InView Medical Imaging Center
39465 Paseo Padre Pkwy, Ste. 1000
Fremont, CA 94538

Fax: (510) 490-0971

Thank you for your time and comments!

***Anonymous comments and feedback are always welcome online at
www.inviewimaging.com***