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*Thank you for taking  
the time to provide us  
your feedback.*

***It matters.***

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74785 Highway 111, Suite 101  
Indian Wells, CA 92210  
(760) 776-8989

[desertmedicalimaging.com](http://desertmedicalimaging.com)

Dear Valued Physician Partner,

When it comes to providing superior radiology services to you and the patients you serve, we are pleased that you have chosen Desert Medical Imaging for your outpatient imaging needs. In an effort to ensure ongoing high-quality outpatient imaging services, your feedback is appreciated.

Will you please consider taking a few moments to answer the questions on the reverse and return this survey to us at [lisa.ford@desertmedicalimaging.com](mailto:lisa.ford@desertmedicalimaging.com) or fax to (760) 779-8073. It is important that the survey be completed by the referring physician ONLY. Your feedback will not go unnoticed.

*Thank you in advance for your time and interest in Desert Medical Imaging.*

*Sincerely,*

**JOHN FELLER, M.D.**

Medical Director & Founder  
*Desert Medical Imaging*

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*Assistant Clinical Professor of Radiology  
Loma Linda University School of Medicine  
Loma Linda, CA*

1. When it comes to choosing where to send your patient for outpatient imaging services, is DMI your first choice?

Yes  No

If no, please provide additional comments: \_\_\_\_\_

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2. When referring your patient to DMI, please rate the overall service provided:

(Please circle—scale of 1-5; 5 is the best)

<b>Availability of Radiologist:</b>	5	4	3	2	1	<b>Hours of operation are sufficient:</b>	5	4	3	2	1
<b>Turnaround Time on reports:</b>	5	4	3	2	1	<b>Speed of scheduling your patient:</b>	5	4	3	2	1
<b>Report is helpful clinically:</b>	5	4	3	2	1	<b>Web-based portal is available:</b>	5	4	3	2	1

3. Are other imaging centers providing services that DMI should consider providing?  Yes  No

If no, please provide additional comments: \_\_\_\_\_

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4. When choosing to refer your patient to DMI for radiology services, does your patient request other sites, resulting in you redirecting your referral away from DMI?  Yes  No

If yes, please select other outpatient radiology sites you currently send your patient (select all that apply):

- Desert Advanced Imaging:  Palm Springs  Rancho Mirage  Palm Desert  Indio
- Desert Regional Medical Center:  El Mirador (EMIC)  La Quinta (LQIC)
- Eisenhower Imaging Center:  Lucy Curci  Palm Springs  RM/Country Club
- Health Scan Imaging:  Palm Springs  PD/Fred Waring  PD/Country Club  La Quinta
- John F. Kennedy Memorial Hospital Radiology Department

5. When selecting one of the above other imaging centers, is the decision based on (select all that apply):

(Please circle)

- |   |   |
|---|---|
| <input type="radio"/> Patient insurance   | <input type="radio"/> Ease in referring patient to the other imaging center |
| <input type="radio"/> Portability of Patient Records via Patient Portals          | <input type="radio"/> Accountable Care Organization (ACO)                   |
| <input type="radio"/> Location/distance patient lives from the facility           | <input type="radio"/> Other: _____  |
| <input type="radio"/> Exceptional experience provided at the other imaging center | _____   |

6. Are you currently participating in Desert Doctors, Hospital foundation, an Accountable Care Organization (ACO) or other IPA/HMO?  Yes  No

Name of organization: \_\_\_\_\_