

GENEX Medical Diagnostic Network

Patient Experience Survey

Please tell us about your experience as a patient at a GENEX Medical Diagnostic Network facility. Complete the questions below and send your responses

- By e-mail to: mdnreferral@genexservices.com
- By fax: 866-426-8825

1. GENEX communication professional and courteous?

Yes No

2. Were your needs met?

Yes No

3. Facility conditions acceptable?

Yes No

Comments