



Patient Feedback Form

Fax: 204-940-1761 Email: dsmclientservices@dsmanitoba.ca Phone (toll-free): 1-866-633-1787

How did we do?

As your laboratory and rural diagnostic imaging service provider, Diagnostic Services Manitoba (DSM) wants your valuable input to help us further improve the quality of our patient-centered diagnostic services. Your suggestions, complaints and compliments help us to know where we can improve as well as what we're doing right. We will respond to you as quickly as we can and within 3 business days of receipt.

Complaint Compliment Suggestion Other

Today's Date _____ DSM Site/Location: _____

DSM Service Type: Lab (Blood/Urine Collection or Testing) Imaging (X-Ray, CT or Ultrasound)

Your Name (First): _____ (Last): _____

Mailing Address: _____

Postal Code: _____

Your Email Address: _____

Response: Call back requested Comment only (no response requested)

Your Daytime Telephone: _____ Alternate Number: _____

May a message be left at your daytime telephone number? Yes No

Are you representing someone else in this matter? Yes No

Your relationship to the patient? Self Family Friend N/A Other _____

Patient's Name (First): _____ (Last): _____

Date (s) of Experience _____

1) Please, tell us what happened or what suggestions you have for improvement: _____

2) Please, let us know what outcome you are seeking: _____

(If additional space is required to answer 1) and 2) above, please use reverse side)



Additional space:

1)...to tell us what happened or what suggestions you have for improvement:

2)...to let us know what outcome you are seeking: _____

Submit completed form to:

**DSM Client Services
1502-155 Carlton Street
Winnipeg, MB R3C 3H8**

Fax: 204-940-1761

Email: dsmclientservices@dsmanitoba.ca

Internal use only:

Date received : _____

Received By: **Mail** **Email** **Fax** **In Person**