Feedback from key clinical specialties within the trust that use IR services

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| Clinical Specialty |  |
| Name of person filling in this form |  |
| Job title of person filling in this form |  |
| Describe what you value most about the trust’s Interventional Radiology service |  |
| Describe where the trust’s Interventional Radiology service brings most value to your patients |  |
| Describe two areas where your team feel the trust’s Interventional Radiology service could improve |  |