

QUESTIONNAIRE

HOW LONG DID YOU WAIT BEFORE YOUR APPOINTMENT? _____

ON YOUR FOLLOW-UP VISIT WHAT DISORDER(S) WERE YOU TOLD YOU HAVE?

SLEEP APNEA _____

NARCOLEPSY _____

INSOMNIA _____

RESTLESS LEG SYNDROME _____

OTHER _____

DID YOU UNDERSTAND THE RESULTS EXPLAINED TO YOU BY THE PHYSICIAN?

YES NO

DID THE TREATMENT IMPROVE YOUR SLEEP DISORDER? YES NO

PLEASE RATE OUR CENTER USING THE FOLLOWING GUIDELINE:

A) EXCELLENT B) GOOD C) FAIR D) POOR

WAITING ROOM AREA A B C D

CONSULTATION ROOMS A B C D

KNOWLEDGE AND COURTESY OF OFFICE STAFF A B C D

WILLINGNESS OF STAFF TO ASSIST YOU A B C D

KNOWLEDGE AND COURTESY OF TECHNICAL STAFF A B C D

PHYSICIAN A B C D

SCHEDULING OF YOUR PROCEDURES A B C D

CONTACT US

For Scheduling, Follow-up, Appointments or any other Scheduling issue

Lucy or Sylvia at (915)779-7378

For Billing Issues

Irma Sanchez (915)833-4166

For problems with equipment or any equipment issue

Lilly (915)779-7378

If you have a medical emergency please go to the nearest emergency room or call 911