



Redwood Sleep Centers, Inc.



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<b>PHYSICIAN NAME:</b>	
<b>OFFICE MANAGER NAME:</b>	
<b>Please circle the level of service that Redwood Sleep Center Inc. is providing to you:</b> (5 = Excellent; 1 = Poor)	
<b>EASE OF GETTING AN APPOINTMENT FOR YOUR PATIENT</b>	<b>5 4 3 2 1</b>
<b>TURN AROUND TIME OF THE STUDY</b>	<b>5 4 3 2 1</b>
<b>YOUR PATIENT'S SATISFACTION WITH THE CENTER</b>	<b>5 4 3 2 1</b>
<b>QUALITY OF CLINICAL CARE</b>	<b>5 4 3 2 1</b>
<b>OVERALL SERVICE</b>	<b>5 4 3 2 1</b>
<b>IS THERE ANYTHING WE CAN DO TO IMPROVE OUR SERVICE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please comment:	
<b>DO YOU WANT TO BE PART OF OUR NEW ELECTRONIC NOTIFICATION SYSTEM</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list down an email address to send the notification to:	
<b>COMMENTS:</b>	

