



Paul A. Guillory, MD
Renick P. Webb, MD
Ernesto J. Garcia, MD

At Red River Sleep Center, we are progressively working to improve the quality and safety of the services we provide. We hope you will take a moment to share your insight regarding our staff, facility, and the services you have received. *Thank You* for giving us the opportunity to help you with your sleep needs!

On a scale of one to ten (ten being the best), how would you rate the overall services provided?

Rating: _____ Comments: _____

How could we have made your stay with us better and safer? _____

Describe any problems that you experienced during your stay. (mask, wires, trouble sleeping, noise, comfort, etc.)

Are you willing to try PAP therapy if your Specialist recommends it for you? Yes | No | Maybe

If No, please explain: _____

How did you hear about Red River Sleep Center? _____
[PLEASE PRINT NAME OF PERSON WHEN APPLICABLE]

Who first recommended that you have a sleep study? _____
[PLEASE PRINT NAME OF PERSON]

Who referred you to Dr. Webb, Dr. Guillory, Red River Sleep Center? _____
[PLEASE PRINT NAME OF PERSON]

~ You can send a private message to a supervisor by sending email to **comments@redriversleep.com**.~

Visit **www.RedRiverSleep.com** and click on “Contact Us”.

Thank You for your valuable time and insight!