QUALITY ASSURANCE / PATIENT SURVEY

AMITAB PURI, MD, FCCP, DABSM, FCCM
Pulmonary Medicine, Critical Care Medicine & Sleep Disorders Medicine

514 East White	House Canyon Rd	., STE 150 • GRE	EEN VALLEY, AZ 856	14 • www.pimalung.com	
NAME:			GW ID:	RM#	
TYPE OF STUDY	TECHNICIAN			DATE	
F	Please read the fo	llowing questic	ons and answer ac	cordingly.	
1.	Please rate the professionalism of our sleep staff.				
	☐ EXCELLENT	☐ GOOD	☐ AVERAGE	□ POOR	
2.	Please rate the	Please rate the cleanliness of our sleep facility.			
	☐ EXCELLENT	☐ GOOD	☐ AVERAGE	□ POOR	
3.	Please rate your experience with our scheduling staff.				
	☐ EXCELLENT	☐ GOOD	☐ AVERAGE	□ POOR	
4.	Please rate the friendliness of your sleep technician.				
	☐ EXCELLENT	☐ GOOD	☐ AVERAGE	□ POOR	
Please help us in	nprove our Sleep Co	enter. Any com	ments or suggestion	ns are greatly appreciated	

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