



# MIDWEST

NEUROSURGEONS, LLC

SONJAY JOSEPH FONN, DO

Dear patient,

Thank you for giving me and my staff, at Midwest Neurosurgeons, LLC, the pleasure of caring for you. Please help us continue to improve ourselves by completing this evaluation. Your comments are very important to us and we thank you in advance.

Sincerely,

Sonjay Joseph Fonn, DO and Staff

1). Please tell us how our office rates on the following...

|   | Lower                    | Higher                              | Don't Know               |
|---|--------------------------|-------------------------------------|--------------------------|
| Ease in getting an appointment?               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Courtesy and professionalism of office staff? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Courtesy and professionalism of Dr. Fonn?     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Dr. Fonn's accuracy in diagnosing a problem?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Bedside manner (caring)?                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Spending enough time with me?                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Did our staff & Dr. Fonn keep you informed?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Did Dr. Fonn involve you in decisions?        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is Dr. Fonn easy to understand?               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| What is your overall opinion of Dr. Fonn?     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| How long was your average wait at the office? | _____ minutes            |                                     | <input type="checkbox"/> |

2). Are your signs & symptoms resolved after surgery?  Yes  No

3). What would you like to tell Dr. Fonn about your experience with us?

~~It like to~~ That I'm glad I got referred here I had no idea that there are so many neurosurgeons that work for Insurance Co and that he's the only honest one I've met

4). What would you want to tell others about Dr. Fonn?

That he doesn't work for the work comp people he actually cares how you feel and addresses your problems

5). Are you satisfied with your overall surgical experience?  Yes  No

May we place your comments on our website?  Yes  No

Yes, May we use your Name?  Yes  No

If no, May we use your initials?  Yes  No

May we post a picture of you beside your comments?  Yes  No

(Optional) Patient Name: Daron Davis Date: 8/21/12