



MIDWEST

NEUROSURGEONS, LLC

SONJAY JOSEPH FONN, DO
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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? | 60 minutes | | <input type="checkbox"/> |

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

3). What would you like to tell Dr. Fonn?

Dr Fonn AND All of His Staff are very professional AND Caring in their treatment AND are highly Recommended by me

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

I have told several others about how well I have been treated AND how Dr Fonn takes the time to make sure you understand everything that is going on with your treatment

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

I would like to share my Midwest Neurosurgeons story? Yes No

(Optional) Patient Name: JAMES CROSS Date: 11/6/13