



**MIDWEST**  
NEUROSURGEONS, LLC  
*Caring Staff, Healing Hands*

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...

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

3) What would you want to tell others about your overall experience with Dr. Fonn?

*Very thorough in diagnosing and treating condition. Would highly recommend Dr. Fonn for any back or neck issues. He is very caring and includes you in every decision in every step of your treatment.*

4) 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: Tina McCulley Date: 5-7-14