



MIDWEST

NEUROSURGEONS, LLC

SONJAY JOSEPH FONN, DO

Dear patient. Thank you for giving me and my staff, here at Midwest Neurosurgeons, LLC, the opportunity to take care of you. Please help us to better ourselves by filling in 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"/>
Following up as needed after my visit?	<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"/>
How are Dr. Fonn's skills? (resolving problems)	<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"/>
How long was your average wait at the office?	<u>30</u> minutes		<input type="checkbox"/>

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

3). What is your overall opinion of Dr. Fonn? Lower Higher Don't Know

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

Thank you so much!

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

Great Doctor. Completely trust Dr. Fonn

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

(Optional) Patient Name: Daniel Walker Date: 1/26/11