



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 checked="" type="checkbox"/>	□
Courtesy and professionalism of office staff?	□□□□	□ <input checked="" type="checkbox"/>	□
Courtesy and professionalism of Dr. Fonn?	□□□□	□ <input checked="" type="checkbox"/> +	□
Dr. Fonn's accuracy in diagnosing a problem?	□□□□	□ <input checked="" type="checkbox"/>	□
Bedside manner (caring)?	□□□□	□ <input checked="" type="checkbox"/>	□
Spending enough time with me?	□□□□	□ <input checked="" type="checkbox"/>	□
Did our staff & Dr. Fonn keep you informed?	□□□□	□ <input checked="" type="checkbox"/>	□
Did Dr. Fonn involve you in decisions?	□□□□	□ <input checked="" type="checkbox"/>	□
Is Dr. Fonn easy to understand?	□□□□	□ <input checked="" type="checkbox"/>	□
What is your overall opinion of Dr. Fonn?	□□□□	□ <input checked="" type="checkbox"/> +	□
How long was your average wait at the office?	25-30 minutes		□

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

3). What would you like to tell Dr. Fonn about your experience with us?
I really liked Dr Fonn & the staff. They were
allway helpful

4). What would you want to tell others about Dr. Fonn ?
That if they have to have in done then
Dr. Fonn & staff make the people to help

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: David Lee Date: _____