



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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>
Courtesy and professionalism of office staff?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>
Courtesy and professionalism of Dr. Fonn?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>
Dr. Fonn's accuracy in diagnosing a problem?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>
Bedside manner (caring)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>
Spending enough time with me?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>
Did our staff & Dr. Fonn keep you informed?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>
Did Dr. Fonn involve you in decisions?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>
Is Dr. Fonn easy to understand?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>
What is your overall opinion of Dr. Fonn?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input 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?

IF IT WASN'T FOR HIM I WOULDN'T BE ABLE TO HAVE TO LIVE I HAVE. I AM VERY GRATEFUL FOR EVERYTHING HE HAS DONE FOR ME OVER THE LAST COUPLE OF YEARS

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

I HAVE REFERRED DR. FONN TO MY FRIENDS WITH THE SAME PROBLEMS I HAVE. & IF YOU WANT A DOCTOR THAT CAN HELP YOUR PAIN YES THE DOCTOR YOU NEED TO SOLVE THEIR PROBLEM

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: _____

Date: _____