



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?	□□□□	☒	□
Courtesy and professionalism of office staff?	□□□□	☒	□
Courtesy and professionalism of Dr. Fonn?	□□□□	☒	□
Dr. Fonn's accuracy in diagnosing a problem?	□□□□	☒	□
Bedside manner (caring)?	□□□□	☒	□
Spending enough time with me?	□□□□	☒	□
Did our staff & Dr. Fonn keep you informed?	□□□□	☒	□
Did Dr. Fonn involve you in decisions?	□□□□	☒	□
Is Dr. Fonn easy to understand?	□□□□	☒	□
What is your overall opinion of Dr. Fonn?	□□□□	☒	□
How long was your average wait at the office?	_____ minutes		□

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

3). What would you like to tell Dr. Fonn about your experience with us?

That it was a different experience

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

That he was a very personable doctor
and easy to understand

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: JAMES BOCK Date: 12-6-12