



# 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?	60 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 owe you greatly for solving my back problems. Just like Dr. Fonn said, I felt like a new man compared to my previous condition*

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

*I recommend Dr. Fonn to everybody I talk to about back problems*

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: Jerry Dams Date: \_\_\_\_\_