



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 checked="" type="checkbox"/>	<input type="checkbox"/>
Courtesy and professionalism of office staff?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Courtesy and professionalism of Dr. Fonn?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Bedside manner (caring)?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Spending enough time with me?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Is Dr. Fonn easy to understand?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
How long was your average wait at the office?	10-15 minutes		<input type="checkbox"/>

EXCELLENT!
VERY PLEASED.

2). Are your signs & symptoms resolved after surgery? Yes No Still in the healing process
NOT SURE HOW TO ANSWER
I'M STILL HEALING AND HAVE MORE TO DO.

3). What would you like to tell Dr. Fonn?
I appreciate and thank him for his excellent care and for trying to help me, doing treatment and surgery. I respect and trust his expertise, and want to continue following his protocol for recovery and any further treatment on other levels.

4). What would you want to tell others about Dr. Fonn?
I highly recommend Dr. Fonn, he is knowledgeable and caring. I feel like I can communicate my condition to him and he understands what I'm trying to share with him.

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: Sonjay M. Fonn Date: 8-17-11