



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

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

3). What would you like to tell Dr. Fonn?

~~PLEASE~~ THANK YOU VERY MUCH I WOULD RECK AMUNT YOU TO ANY BODY

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

MOOD VERY NICE ALWAYS IN A GOOD CARING PERSON

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: Rodney LeClere Date: 9/21/11