



**MIDWEST**  
SURGERY CENTER, LLC

*Caring Staff, Healing Hands*

**SONJAY JOSEPH FONN, DO**

**Extended Stay Patient Satisfaction Survey**

In order that we may better serve our patients, would you please take a few moments to rate our service?

- |  | Yes                                 | No                       | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| 1. The surgical procedure was discussed to my satisfaction prior to the event. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The date and times of the procedure were clearly reviewed.                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The events of the surgical schedule proceeded on time.                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The environment was comfortable and clean.                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The post-operative environment was quiet and restful.                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The staff was courteous and respectful.                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. The staff was available to answer questions and concerns.                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. The staff was available to help as quickly as needed.                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Information regarding post-operative care was clearly reviewed.             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Post-operative nourishment was adequate.                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Prescriptions were given and discussed before being discharged.            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The facility's visitor's hours were convenient.                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I felt safe at this facility.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Would you recommend this facility to your family/friends?                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Please rate the facility from 10-1. (10 being the best and 1 the worst.)   | <u>10</u>                           |                          |                          |
| 16. What did you find most informative about the facility?                     |                                     |                          |                          |

The nurses - they told me everything I needed to know.

17. What did you like most about the facility?

A lot more quiet than hospital - got peace + rest.

18. What did you like least about the facility?

None

19. How did you learn about the facility?

While seeing Dr Fonn - my family told me about him.

20. Were there any problems you did not anticipate?

no

21. Please give two suggestions on how we might improve our service.

no

22. Are you satisfied with your overall surgical experience?

Yes  No

23. 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

24. I would like to share my Midwest Surgery Center Story?

Yes  No

(Optional) Patient Name: Brandi Patterson

Date: 3-27-14