



MIDWEST
SURGERY CENTER, LLC

Caring Staff, Healing Hands

SONJAY JOSEPH FONN, DO

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 organized. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. The staff was available to answer questions and explain procedures. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Information regarding post-operative care was clearly reviewed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Post-operative nourishment was adequate. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Prescriptions were given and discussed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. The facility's hours were convenient. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. The staff was courteous and professional. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Pre-operative teaching was helpful. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. What did you find most informative about the facility?
*Everything! * DR Fonn & All his staff are great! Especially Janet, Natalie, Jordan, Setha Stacey.*
13. What did you like most about the facility?
Staff very friendly & professional! His new staff is very friendly & helpful!
14. What did you like least about the facility?
*Nothing I cannot imagine NOT being under Dr. Fonn's care - He is Great! **
15. How did you learn about the facility?
Referred by general doctor
16. Were there any problems you did not anticipate?
None
17. Please give two suggestions on how we might improve our service.
None
18. Are you satisfied with your overall surgical experience? Yes No
19. May we place your comments on our website? Yes No
If yes, may we use your name? Yes No If no,
If No, may we use your initials? Yes No
20. I would like to share my Midwest Surgery Center Story? Yes No *- when I get to the end of my story!*

(Optional) Patient Name: Karen Sperry Date: 8/9/13