



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 type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. What did you find most informative about the facility?

All the info that the doc. gave

13. What did you like most about the facility?

Almost all of the staff was kind & caring

14. What did you like least about the facility?

How cold the building always is

15. How did you learn about the facility?

N/A

16. Were there any problems you did not anticipate?

Speedier pain relief

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

N/A

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

May we post a picture of you beside your comments?

Yes No

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

Yes No

(Optional) Patient Name:

Tabitha [Signature]

Date:

4/30/2014