



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

12. What did you find most informative about the facility?
All the facility is very informative
13. What did you like most about the facility?
Nurses - Tina & Courtney are great
14. What did you like least about the facility?
N/A
15. How did you learn about the facility?
Television
16. Were there any problems you did not anticipate?
As of now 7-5-13 no
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
- 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
- I would like to share my Midwest Surgery Center Story? Yes No

(Optional) Patient Name: Jessica King Date: 7-5-13