Pharmacy Services
Customer Satisfaction Survey

Your satisfaction with our service is very important to us. We need you help by letting us know if we are doing a good job, or if there are areas where we can improve. Please take the time to fill in this short survey and return it to us in the self-addressed pre-paid envelope provided to you.

1. The medications were delivered in a timely manner.

   Very satisfied 5  satisfied 4  adequate 3  unsatisfied 2  very unsatisfied 1

2. The drivers are courteous and helpful.

   5  4  3  2  1

3. When calling the pharmacy, the staff is courteous and helpful.

   5  4  3  2  1

4. My questions are answered to my satisfaction.

   5  4  3  2  1

5. Overall the services I receive are to my satisfaction.

   5  4  3  2  1

Additional Feedback:

________________________________________________________________________

________________________________________________________________________

Thank You!!!

Name: (optional)_______________________ Date:________________________

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