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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.

	Very Satisfied	satisfied	adequate	unsatisfied	very unsatisfied
1. The medications were delivered in a timely manner.	5	4	3	2	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:_____