



## PATIENT SATISFACTION SURVEY

Thank you for allowing us to provide your Specialty Pharmacy services. Please take a few minutes to tell us how we are doing. We value your comments and welcome any suggestions you have to improve our services.

### PLEASE RATE YOUR LEVEL OF SATISFACTION WITH THE FOLLOWING

5= EXCELLENT	4= VERY GOOD	3=NEUTRAL	2=FAIR	1=POOR	N/A = NOT APPLICABLE
--------------	--------------	-----------	--------	--------	----------------------

	SCORE
How satisfied were you with the education provided about your medication?	
How satisfied were you with our pharmacy staff to quickly answer questions and/or resolve any issues?	
Did the pharmacy staff explain how to request medication refills?	
Did the pharmacy staff meet your service expectations?	
Rate your overall customer service experience with MCC Apothecary	

*Are you interested in monthly communication via text messaging or email?*

*If so, please fill out the information below:*

Name:

Mobile Phone/email:

How can we improve?

What did we do best?