

## SATISFACTION SURVEY

*Dear Facility,*

*At HARPER'S PHARMACY we strive to work closely with the members of the patient care team to improve services and outcomes for the residents of* \_\_\_\_\_

*Facility City:* \_\_\_\_\_ *Phone Number:* \_\_\_\_\_

FACILITY NAME

*Name of the Person Completing the Form:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**We value your input regarding how we can improve our services. Please take a moment to answer the following questions and fax this letter to us or e-mail: [harperspharmacy@sbcglobal.net](mailto:harperspharmacy@sbcglobal.net)**

**Thank you!**

	Excellent	Fair	Poor
1. How would you rate our <i>consultant</i> pharmacists communicating effectively with you? (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How would you rate our <i>dispensing</i> pharmacist communicating effectively with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How would you rate our Quality of products ? ex. drugs, paperwork, supplies etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How would you rate our courtesy in communications with your staff ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How would you rate our delivery of medications and supplies ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How would you rate Harpers Pharmacy services over all ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Would you recommend Harpers Pharmacy to other homes?	<input type="checkbox"/> Yes		<input type="checkbox"/> No

**Please add any comments (especially for any fair or poor responses):**

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