

SATISFACTION SURVEY

Dear Facility,

At AMERIPHARMA 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

Thank you!

| | Excellent | Fair | Poor | N/A |
|---|------------------------------|--------------------------|-----------------------------|--------------------------|
| 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"/> | <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"/> | <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"/> | <input type="checkbox"/> |
| 4. How would you rate our courtesy in communications with your staff ? | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| 6. How would you rate AmeriPharma's services over all ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Would you recommend AmeriPharma to other homes? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | |

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

