



Patient or Customer Satisfaction Survey

Respondent (optional):		Date:				
Respondent Type:		Patient / caregiver	Referral source / Prescriber	Employee		
<i>For each statement below, please circle the number in each cell that most closely represents how you feel about your compounding pharmacy.</i>						
Dimension	Statement	Strongly Agree	Agree	Neutral or N/A	Disagree	Strongly Disagree
Communication	1. Employees are always polite, helpful, and easy to contact.	5	4	3	2	1
Outputs	2. Products are always ready when I come by to pick them up, or are delivered within the promised time frame.	5	4	3	2	1
Outputs	3. The products, services and information I receive from the pharmacy are of high quality.	5	4	3	2	1
Effectiveness	4. The products and/or services I receive have the intended effect on the condition they are used to treat.	5	4	3	2	1
Information	5. I would recommend the pharmacy to others.	5	4	3	2	1
<p><b>Do you have any suggestions as to how we can improve?</b></p>  <p><b>Other comments:</b></p>						

Note: If you have any concerns or complaints regarding our customer service, please feel free to email us at [texanspecialtyrx@gmail.com](mailto:texanspecialtyrx@gmail.com). One of the staff member will be happy to resolve the issues. We really appreciate your business and thanks for being a valuable customer to our pharmacy.

