



**Patient or Customer Satisfaction Survey**

Respondent (optional):		Date:				
Respondent Type: Employee		Patient / caregiver		Referral source / Prescriber		
<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					
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
Do you have any suggestions as to how we can improve?						
Other comments:						

**Note:** If you have any concerns or complaints regarding our customer service, please feel free to email us at [texanpharmacy@gmail.com](mailto:texanpharmacy@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.