



Customer Satisfaction Survey

Thank you for allowing us to provide you Specialty Pharmacy services. Please take a few minutes to give us your feedback on your experience. We value your comments and welcome any suggestions you may have to improve our services.

Date Completed: _____

Name: _____ (optional) Phone Number: _____

Questions	Strongly Agree	Moderately Agree	Neutral	Moderately Disagree	Strongly Disagree	Not Applicable
1. I am satisfied with and will use Josefs Pharmacy again						
2. Pharmacy staff provided my medication(s) and/or responded to my inquiries in a timely manner						
3. Pharmacy staff was knowledgeable, professional, and helpful						
4. My medication order was accurate						
5. I have been able to reach by phone a live pharmacy representative who could answer my questions						
6. I received information regarding how to access Josefs Pharmacy for refills						
7. In the last 12 months, for new prescriptions, pharmacy staff provided information on how and often to take my new medicine and what to do for bad reactions						
8. In the last 12 months, pharmacy staff asked me if I had any questions or problems with my medicine						
9. I am likely to recommend Josefs Pharmacy to another patient, friend or colleague						
10. If you have any comments about how Josefs Pharmacy can improve their service, please write them here.						

Thank you so much for your feedback. Have a good day! Josefs Staff