

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: _____ Fax 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: info@ameripharma.us

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):

