

Med Quick Prescription Shoppe REFERRAL SATISFACTION SURVEY

Name (Optional): _____

City, State: _____

Date: _____

It is our desire to strive for excellence. In an effort to help us maintain our high standards, please take a few moments to tell us how we are doing. Please complete this form and check the response that matches your experience.

Does the answering phone system meets your expectations? Do we answer the phone in a timely manner?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Does the process for sending in a referral meet your expectations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Is the amount of information we request for a referral reasonable?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Is the time spent on the phone when making a referral reasonable?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Is our staff is helpful and courteous?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Is the quality, variety and availability of medications we carry adequate for your patient needs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Are you satisfied with the ease of calling in a referral / prescription?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Is our geographic service area adequate to meet your referral needs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Is our clinical team responsive to your needs and requests?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Would you recommend our services for family and friends	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
What can we do to earn more of your business?			

Comments: (Please comment on questions above that you marked no.)

Please return the survey to Med Quick Prescription Shoppe in the envelope provided. Thank you for choosing Med Quick Prescription Shoppe

Form Revised: 04/01/2019