**Rochester Health Mart Pharmacy**
**176 Virginia Ave Third Floor**
**Rochester Pa, 15074**
**T: 1-888-498-5438 1-(724)-987-6085**
**F: 1-(724)-987-6084**

# PATIENT SATISFACTION SURVEY

Date:_____

Dear Patient,

It is our desire to provide you with the best quality services available. To help us maintain our high standards, please take a few moments to tell us how we are doing. Please complete this form and mail it back to us. Thank you.

| | | |
|---|---|---|
| The medications were delivered in a timely manner | ❑ YES | ❑ NO |
| The medications were delivered / dispensed accurately | ❑ YES | ❑ NO |
| Training and consultations were effective in educating me or my caregiver on my service / care and / or therapy | ❑ YES | ❑ NO |
| Educational materials and instructions were adequate to educate me or my caregiver on the product(s). | ❑ YES | ❑ NO |
| The staff was polite and helpful | ❑ YES | ❑ NO |
| My financial responsibilities were explained to me | ❑ YES | ❑ NO |
| I receive advice or help when needed | ❑ YES | ❑ NO |
| The services provided made a positive impact on the outcome of my care and/or therapy | ❑ YES | ❑ NO |
| The welcome packet (PMP), and medication education pamphlets I received were helpful | ❑ YES | ❑ NO |
| The services provided met exceeded my needs and expectations | ❑ YES | ❑ NO |

Please feel free to add anything you think can help us improve

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