2

Patient Name (optional):

*How Are We Doing?*

## We are committed to providing you with the best clinical and personal experience possible, so we welcome any and all comments. Please take just a few moments to fill out this questionnaire, when finished please send it back in the pre-stamped envelope addressed to BioTek reMEDys. Thank you!

Please rate the quality of the service you received from BioTek reMEDys.

 1  2  3  4  5

|  |  |
| --- | --- |
| Disappointing | Exceptional |

# My medication was accurate and delivered in a timely manner.

 1  2  3  4  5

|  |  |
| --- | --- |
| Disagree | Agree |

# Are pharmacy staff members…

Courteous?  Yes |  No

Informative?  Yes |  No

Effective and efficient?  Yes |  No

# I know how to contact BioTek reMEDys for refills and other questions

 1  2  3  4  5

|  |  |
| --- | --- |
| Disagree | Agree |

# How likely are you to refer a friend or family member to BioTek reMEDys?

 1  2  3  4  5

|  |  |
| --- | --- |
| Never | Always |

|  |  |
| --- | --- |
| the | here: |

Patient Satisfaction Survey

# How frequently do you receive calls from our pharmacy?

If you have any comments regarding BioTek reMEDys, its staff and/or services, please write

* 3-5 times per month  1-2 times per month
* Once every 2 months  Other

# The information I received about my medication was helpful.

 1  2  3  4  5

|  |  |
| --- | --- |
| Disagree | Agree |

By signing below, I authorize Biotek reMEDys to use this information as a testimonialon ourwebsite. Printed Name:

## Signature: