



## PATIENT SATISFACTION SURVEY

**Dear Patient,**

**Date:**

It is our goal to provide our patients with the best quality services available. In order to help us maintain our high standards, please take a few moments to let us know how we are doing. Please complete this survey so that we may know how to best service you.

**Was the pharmacy staff friendly and helpful?**

YES      NO

**Did the pharmacy staff listen to your concern?**

YES      NO

**Was the pharmacist's explanation of your medication clear?**

YES      NO

**How satisfied are you with the overall experience?**

Very Dissatisfied      Dissatisfied      Neutral      Satisfied      Very Satisfied

**Would you recommend our pharmacy to others?**

YES      NO

**Is there anything than can be improved?**

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**\*\* PLEASE CALL THE PHARMACY IF YOU HAVE ANY NEW FOOD OR DRUG ALLERGIES \*\***

Again, we thank you for choosing Cienega Pharmacy and we appreciate your feedback. \_ Please mail, email or fax the completed form to 310-360-9959 or 844-274-3037.

Thank you,

**Cienega Pharmacy management**