Dear Customer,

I would like to begin by thanking you for choosing, Cienega Pharmacy, Inc. to assist you in your medications needs.

We understand that you have choices of pharmacies to work with; we thank you in for choosing our company. We can assure you it is our pleasure to serve you with your medication needs.

In an effort to provide you with optimal customer service, we would like to invite you to complete the following survey so that we may know how to best service you.

**Rate your satisfaction level with the following aspects of the facility**?

(Very dissatisfied) 1—2—3—4—5 (Very Satisfied)

Service 1 2 3 4 5

Staff Management 1 2 3 4 5

Patient Management 1 2 3 4 5

Cleanliness 1 2 3 4 5

**Were the pharmacists friendly?**

YES NO

**Did the pharmacists listen to your concern?**

YES NO

**Was the pharmacists explanation of your medication clear?**

YES NO

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

Very Dissatisfied Dissatisfied Neutral Satisfied Very Satisfied

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

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

Again, we thank you for choosing Cienega Pharmacy, Inc. and appreciate your feedback. Please FAX the completed survey to **310-360-9959**  OR **844-274-3037**

Sincerely,

Michael Rabia

Pharmacy Manager