

## Calhoun Compounding Pharmacy Customer Survey

Dear Patient,

It is our desire to provide you with the best quality services available. In order 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 at Calhoun Compounding Pharmacy, 1525 Greenbrier Dear Road, Anniston, AL 36207. Thank you.

The medication(s) were delivered on time.	<input type="checkbox"/> YES	<input type="checkbox"/> No
The medication(s) were delivered / dispensed accurately.	<input type="checkbox"/> YES	<input type="checkbox"/> No
Training and consultations were effective in educating me or my caregiver on my my care and/or therapy.	<input type="checkbox"/> YES	<input type="checkbox"/> No
Educational materials and instructions were adequate to educate me or my caregiver on the medication(s).	<input type="checkbox"/> YES	<input type="checkbox"/> No
The staff was courteous and helpful.	<input type="checkbox"/> YES	<input type="checkbox"/> No
My financial responsibilities were explained to me.	<input type="checkbox"/> YES	<input type="checkbox"/> No
I receive advice or help when needed.	<input type="checkbox"/> YES	<input type="checkbox"/> No
The services provided made a positive impact on the outcome of my care and/or therapy.	<input type="checkbox"/> YES	<input type="checkbox"/> No
I would recommend your service to my friends and family.	<input type="checkbox"/> YES	<input type="checkbox"/> No
The services provided met my needs and expectations.	<input type="checkbox"/> YES	<input type="checkbox"/> No

COMMENTS (Optional):

Do we have permission to use your comments on social media? (Only initials will be shown.)