

Date Completed:

Name (Optional) :

Phone Number :

Help us shape the **Wellness Pharmacy and Compounding Center** experience by taking this short survey. We highly value your feedback, so we hope you will take the time to fill it out. Based on your most recent experiences, please rate your satisfaction with our services and staff in the following areas:

Questions	Strongly Agree	Moderately Agree	Neutral	Moderately Disagree	Strongly Disagree	Not Applicable
1. I am contented with and will use Wellness Pharmacy and Compounding Center again.						
2. Pharmacy staff responded to my questions and / or provided my medication(s) inquiries in a timely, efficient manner.						
3. Pharmacy staff was well-informed, professional, and cooperative						
4. My medication order was accurate.						
5. I have been able to reach the pharmacy by the phone and spoke to a live pharmacy representative who could answer my questions.						
6. I received information regarding how to access Wellness Pharmacy and Compounding Center for refills.						
7. In the last 12 months, for new prescriptions, pharmacy staff provided helpful details on how and when to take my new medicine and what to do in case of side effects and other adverse reactions.						
8. In the last 12 months, the pharmacy staff asked me if I had any inquiries, concerns, or issues with my prescriptions.						
9. I am likely to recommend Wellness Pharmacy and Compounding Center to another patient, friend, or colleague						
10. For other concerns, comments, and feedback regarding Wellness Pharmacy and Compounding Center, please write them here.						