



Pharmacy: 888-570-9077
 Pharmacy Fax: 888-801-0404
 www.myfocusrx.com

Physician Satisfaction Survey:

FocusRx always strives to improve the quality of the services that we provide to our physician and practice partners, as well as your patients. Thank you for taking a moment to complete this mini-survey. We truly value your feedback as it aids our ongoing quality improvement. Please fax the completed survey to 1.888.801.0404

Name: _____ Practice/Hospital: _____ Email: _____ Phone: _____

Role: MD Practice Manager Nurse Case Manager Other (please specify) _____

Please Rate the Following Service or Experience:	Excellent	Good	Average	Fair	Poor	N/A
1. Your contact/interaction with our Pharmacist(s).	5	4	3	2	1	N/A
2. Your contact/interaction with our Pharmacy Technician(s).	5	4	3	2	1	N/A
3. The speed & accuracy with which your order was processed.	5	4	3	2	1	N/A
4. Our commitment to communicating with you/your practice within 10 minutes of receiving your referral.	5	4	3	2	1	N/A
5. Our commitment to providing a follow-up status report on patients triaged to another pharmacy as promised.	5	4	3	2	1	N/A
6. Our staff worked on the referral with a sense of urgency.	5	4	3	2	1	N/A
7. The service level & helpfulness of our reimbursement specialists.	5	4	3	2	1	N/A
8. The way in which your order & non-drug items (such as administrative supplies) were packaged.	5	4	3	2	1	N/A
9. Our ability to dispense by the treatment day & dose (just in time delivery).	5	4	3	2	1	N/A
10. The value of any clinical discussion/interaction you or your practice had with our Pharmacist(s).	5	4	3	2	1	N/A
11. The level of clinical expertise demonstrated by our Pharmacist(s).	5	4	3	2	1	N/A
12. Your satisfaction with our service as compared to other specialty pharmacy providers you may have used.	5	4	3	2	1	N/A
13. To the best of your knowledge, please rate your patients' experience with us.	5	4	3	2	1	N/A

Important Notice: This facsimile is intended to be delivered to the named addressee and may contain material that is confidential, privileged, and proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.



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Please Respond To The Following:

14. Why did you start referring to FocusRx? (Please check all that apply)

Heard of great services Contacted by sales rep Health Plan requested Patient Requested

Access to limited distribution drugs I/my practice reached out Other _____

15. What services or capability would you like to see us add to make your experience even better?

16. Would you recommend FocusRx to your colleagues?

Yes No (If no, why not? _____)

17. If you have since stopped referring to FocusRx, why did you stop? (Please check all that apply)

Unhappy with service (What were you unhappy with? _____)

You could not fill the order Sales rep did not follow-up Prefer existing pharmacy

Lack of drug I needed (Which drug? _____) My patient was unhappy Other _____

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