



1361 Lincoln Avenue Suite 9

Holbrook, N.Y. 11741

Telephone: 1-888-464-8987

Fax: 1-888-801-0404

### Patient Satisfaction Survey:

*You have recently received Pharmacy services from Focus Rx. We are committed to meeting your needs and providing the highest quality service possible. Please help us in our efforts by completing this questionnaire about your experience with Focus Rx. We appreciate your comments and the opportunity to serve you.*

Please email this form back to [enrollment@myfocusrx.com](mailto:enrollment@myfocusrx.com)

1. Check the response that best describes your perception regarding Focus Rx's performance in the following areas. Check "N/A" if the task or service was not provided by our company. This may be the case with nursing services.

Please Rate the Following Service or Experience:	Excellent	Good	Fair	Poor	N/A
1. The staff were knowledgeable and fully explained services/items to me	4	3	2	1	N/A
2. The staff were courteous and professional	4	3	2	1	N/A
3. The staff fully explained services/items to me	4	3	2	1	N/A
4. The staff informed me of contact information during and after hours	4	3	2	1	N/A
5. The staff informed me of my rights and responsibilities and any financial obligation	4	3	2	1	N/A
6. The staff informed of who to contact if I had a concern/complaint or grievance	4	3	2	1	N/A
7. My order was properly packaged and delivered within the agreed upon timeframe	4	3	2	1	N/A
8. The equipment provided was clean	4	3	2	1	N/A

9. The pharmacist offered to counsel me on my medication	4	3	2	1	N/A
10. Pharmacist could be reached by telephone after hours and on weekends	4	3	2	1	N/A

**Please Respond To The Following:**

**11. If a friend or relative needed services similar to yours, how likely are you to recommend FocusRx?**

Extremely Likely    10   9   8   7   6   5   4   3   2   1    Not Likely At All

**12. Please share your suggestions to improve patient safety in the home and any other comments you would like to make.**

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**13. If you would like to receive a personal response to your additional comments, please complete the following information. Otherwise, this information is optional.**

**Yes, please respond to my additional comments via mail or telephone as indicated below**

**Name** \_\_\_\_\_ **Telephone #**

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**Address** \_\_\_\_\_

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