

McElroy Pharmacy
100 E Main St
Lititz, PA 17543-2010

Patient Satisfaction Survey

You recently received a medical item from our facility. In an effort to improve our services to you, we ask that you take a few minutes and complete this survey. Thank you.

Using this key, please rate the quality of services listed below.

Unsatisfactory	Substandard	Satisfactory	Very Good	Excellent
1	2	3	4	5
1. The medication/product(s) were provided in a timely manner				
1	2	3	4	5
2. Your medical history and drug interaction were reviewed by the healthcare professional				
1	2	3	4	5
3. The staff answered your questions in easy to understand terms				
1	2	3	4	5
4. Your insurance carrier/Medicare/Medicaid was billed promptly				
1	2	3	4	5
5. You would likely refer friends and family to our facility				
1	2	3	4	5
6. What is your opinion of our overall performance				
1	2	3	4	5

If you would like us to contact you, regarding services you received from us, please provide your name and telephone number.

Name and telephone number

If there is anything we can assist you with in the future, please contact us.

Sincerely,

McElroy Pharmacy Staff

Note: File in Patient's Medical Billing File or in the Patient Survey file

Office Use Only – Please Do Not Write In This Space			Initials
Date Rec'd:	Date Reviewed:	Contact Date:	Date Resolved: