

FOOTHILLS PROFESSIONAL PHARMACY SATISFACTION SURVEY

Foothills Professional Pharmacy is dedicated to providing the finest service to our customers, and your opinion is vital to our success. Your feedback will help us improve our care for you, your family and future customers. Please enter your information and check one box for each statement.

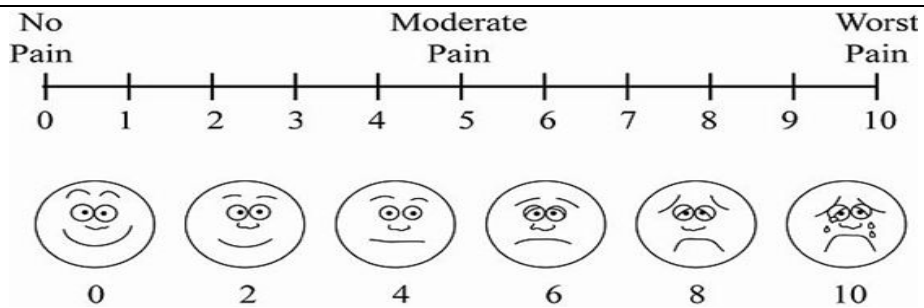
First Name:	Last Initial:	
Rx # (if available)		
Email:		

Please answer honestly; your answers will be kept confidential and will only be used to improve our service to you and our other customers.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Pharmacy Staff					
The staff takes time to listen to my questions					
The staff answers my questions clearly					
The staff is efficient					
The pharmacist is knowledgeable and caring					
Overall, I am satisfied with the pharmacy staff					
Pharmacy Services					
I prefer to have my medications shipped to me					
I receive my medications in a timely manner					
My medications are delivered in good condition					
Free shipping is important to me					
It was easy to contact the pharmacy staff					
Overall, I am satisfied with the services provided					
Pharmacy					
I would refer this pharmacy to a friend					
I would recommend this pharmacy to my doctor for his other patients					

Pharmacy Rating	Excellent	Very Good	Good	Fair	Poor
Overall, how would you rate this pharmacy					

Auto Fill	Yes
As a courtesy and convenience for our patients receiving maintenance medications, our system can prompt us to fill your prescription automatically when it comes due. A staff member will call you when the Rx is being shipped. Are you interested in participating in our AutoFill program?	
Initial here if interested in being set up on AutoFill:	X _____



On a scale of 1-10, with 1 being the least amount of pain and 10 being the highest, please rate your pain level before and after using a compounded topical pain cream.

For patients using a custom cream for PAIN RELIEF	N/A	1-2	3-4	5-6	7-8	9-10
Pain level prior to using topical cream						
Pain level after using topical cream						

Other custom creams:

On a scale of 1-10, with 1 being healthy skin back to normal and 10 being a severe wound or scar , please rate the appearance of the area before and after using a compounded topical pain cream.

For patients using a custom cream for WOUNDS OR INCISIONS	N/A	1-2	3-4	5-6	7-8	9-10
Appearance prior to using topical cream						
Appearance after using topical cream						

For patients using a custom cream for SCARS	N/A	1-2	3-4	5-6	7-8	9-10
Appearance prior to using topical cream						
Appearance after using topical cream						

For patients using Hormone Replacement Therapy	N/A	1-2	3-4	5-6	7-8	9-10
Symptoms and Quality of Life prior to starting						
Symptoms and Quality of Life after 90 days						

Additional Comments and Feedback:

Thank You for your feedback
Please return the survey in our self-addressed and prepaid envelope.