



Patient Satisfaction Survey

OptiMed Specialty Pharmacy values your business and is committed to ensuring that we provide you with the highest quality services. In order to help us continue to improve, please provide us with your honest feedback below. Thank you for taking the time to share your valuable input.

Please rate your overall satisfaction with OptiMed Specialty Pharmacy for each of the following:

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
Helpfulness of pharmacy staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of contacting the pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication teaching and education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convenience of medication delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing and reimbursement assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of pharmacists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate your response to the following statements:

The staff at OptiMed Specialty Pharmacy were able to address all of my questions, problems, or concerns.				
Strongly Agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Disagree <input type="checkbox"/>	Strongly Disagree <input type="checkbox"/>

There was value in the extra services I received by participating in OptiMed Specialty Pharmacy’s Patient Management Program (for example, regular contact with a pharmacist, refill reminders, etc.)				
Strongly Agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Disagree <input type="checkbox"/>	Strongly Disagree <input type="checkbox"/>

I would recommend OptiMed Specialty Pharmacy to a friend or family member.				
Strongly Agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Disagree <input type="checkbox"/>	Strongly Disagree <input type="checkbox"/>

Please provide your opinion regarding the following questions:

How does OptiMed Specialty Pharmacy compare to other pharmacies you have used in the past?

What could OptiMed Specialty Pharmacy do to better assist other patients like you who are using specialty medications?