



## Provider Satisfaction Survey

OptiMed Specialty Pharmacy values your business and is committed to ensuring that we provide the highest quality services to you and your patients. In order to help us continue to improve, please provide us with your honest feedback below. Thank you for taking the time to provide us with 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"/>
Consistency of services provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsiveness of sales representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical 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 circle your response to the following statements:**

<b>There is value in the services OptiMed Specialty Pharmacy provides to my patients.</b>				
Strongly Agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Disagree <input type="checkbox"/>	Strongly Disagree <input type="checkbox"/>

<b>There is value in the services OptiMed Specialty Pharmacy provides to my practice.</b>				
Strongly Agree <input type="checkbox"/>	Agree <input type="checkbox"/>	Neutral <input type="checkbox"/>	Disagree <input type="checkbox"/>	Strongly Disagree <input type="checkbox"/>

<b>I would recommend OptiMed Specialty Pharmacy to a colleague.</b>				
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 specialty pharmacies you have used in the past?

What could OptiMed Specialty Pharmacy do to better assist you in caring for your specialty patients?