



VITAL CARE RX

Specialty Pharmacy

In an effort to improve the quality of our services here at Vital Care RX, you have been selected to provide valuable feedback to us regarding the services you recently received.

Please complete the satisfaction survey below and return in the enclosed envelope.

| | | | | | | | |
|--------------|---------------------------------|----------------------------------|--------------------------------------|------------------------------------|---|---|---------------------------------------|
| Therapy for: | <input type="checkbox"/> Cancer | <input type="checkbox"/> Crohn's | <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Psoriasis | <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Other: _____ |
|--------------|---------------------------------|----------------------------------|--------------------------------------|------------------------------------|---|---|---------------------------------------|

| Utilizing the scoring scale to the right, please circle one response to each question below. | SCORING SCALE: | 5 Strongly Agree | 4 Agree | 3 Neither Agree Or Disagree | 2 Disagree | 1 Strongly Disagree | N/A Not Applicable |
|---|---|------------------|---------|-----------------------------|------------|---------------------|--------------------|
| REFERRAL PROCESS: | | | | | | | |
| 1. I understood the explanation of my financial responsibilities for the therapy. | 5 | 4 | 3 | 2 | 1 | N/A | |
| 2. My therapy was explained to my understanding. | 5 | 4 | 3 | 2 | 1 | N/A | |
| 3. Staff advised me of the Patient Information Packet that I would receive. | 5 | 4 | 3 | 2 | 1 | N/A | |
| 4. I was informed how to contact the pharmacy for questions or problems. | 5 | 4 | 3 | 2 | 1 | N/A | |
| OFFICE STAFF: | | | | | | | |
| 5. I was able to reach a staff member when I called. | 5 | 4 | 3 | 2 | 1 | N/A | |
| 6. Staff were courteous and professional during our phone conversations. | 5 | 4 | 3 | 2 | 1 | N/A | |
| 7. Staff were knowledgeable and able to answer my questions. | 5 | 4 | 3 | 2 | 1 | N/A | |
| MEDICATION SHIPMENTS: | | | | | | | |
| 8. Medication shipments were coordinated with me prior to shipment. | 5 | 4 | 3 | 2 | 1 | N/A | |
| 9. My shipments arrived before I needed them. | 5 | 4 | 3 | 2 | 1 | N/A | |
| 10. My shipments contained the correct medication and supplies. | 5 | 4 | 3 | 2 | 1 | N/A | |
| OVERALL: | | | | | | | |
| 11. I am satisfied with the overall quality of the services provided. | 5 | 4 | 3 | 2 | 1 | N/A | |
| 12. I would recommend Vital Care RX to my family and friends. | 5 | 4 | 3 | 2 | 1 | N/A | |
| Was this survey completed by the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No | If not, please include your name/relationship to patient: | | | | | | |
| Comments or suggestions: | | | | | | | |
| If you would like for a manager to contact you regarding the care received, provide your name and phone number: | Name | | | Phone Number | | | |