

## Patient Satisfaction Survey

Dear Patient:

Thank you for using Advanced Care Scripts (ACS) to fill your drug(s). Please tell us how we may better serve you and other patients in the future by answering the following questions:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1.	Did you receive the correct drug?	YES	NO	Comments:		
2.	Did you receive your prescription on the scheduled delivery day?	YES	NO	Comments:		
3.	Was your name correct on the prescription label?	YES	NO	Comments:		
4.	Was your doctor's name correct on the prescription label?	YES	NO	Comments:		
5.	Was the invoice you received from ACS Pharmacy correct?	YES	NO	Comments:		
6.	Do you know how to obtain refills of your prescription?	YES	NO	Comments:		
7.	Did you receive the supplies you expected to receive?	YES	NO	Comments:		
8.	Would you recommend ACS Pharmacy to others?	YES	NO	Comments:		
9.	Please rate your experience with ACS representatives: (1 = Poor 3 = Average 5 = Excellent)	1	2	3	4	5
10.	Please rate your overall experience with ACS Pharmacy: (1 = Poor 3 = Average 5 = Excellent)	1	2	3	4	5

Please use the space below to provide additional comments or suggestions on how we can improve our services:

Thank you for your assistance.

**Advanced Care Scripts**

Toll-Free Phone Number: 877-985-6337