

In an effort to continuously monitor and maintain the quality of our Pharmacy, please complete this survey and return to the address listed below. We highly value your opinion!

Date:

Beneficiary Name (optional):

DMEPOS Product/Service Received: **Seat Lift Chair**

Please rate your degree of satisfaction on a scale of 1 – 5.
1 indicating **Complete Dissatisfaction** and 5 indicating **Complete Satisfaction**
(Circle your Score; If Not Applicable, Circle "NA")

1. Customer Service:

Pharmacist	1	2	3	4	5	NA
Pharmacy Personnel	1	2	3	4	5	NA
DMEPOS Product Trainer	1	2	3	4	5	NA
Delivery Driver	1	2	3	4	5	NA

2. Time Frame for Delivery of Product/Service 1 2 3 4 5 NA

3. Quality of Product/Service Received 1 2 3 4 5 NA

4. Product Ease of Use 1 2 3 4 5 NA

5. Product Set Up 1 2 3 4 5 NA

6. Training Received on Product Use 1 2 3 4 5 NA

7. Training Received on Product Care and Maintenance 1 2 3 4 5 NA

8. Product Safety 1 2 3 4 5 NA

Comments: _____

EXCELLENT SERVICE

Please Return Completed Survey to 931 Kennedy Blvd. Manville, NJ 08835