

# V-CARE PHARMACY

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## Customer Satisfaction Survey

Thank you for allowing us to provide you Pharmacy services. Please take a few minutes to give us your feedback on your experience. We value your comments and welcome any suggestions you may have to improve our services.

Name (optional): \_\_\_\_\_

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

	Very Satisfied	Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Dissatisfied	N/A
Overall satisfaction with V-CARE Pharmacy							
Meeting your service expectation							
Timeliness of the delivery of your order							
Accuracy of your order							
Helpfulness of the information you received about your medication(s)							
Ability to reach the staff by phone who could answer your questions							
Explanation of your insurance benefits							
Explanation on how you can refill your medication(s)							
Explanation on whom to call if there is an issue with your order							

How can we improve our service? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_