



Please Fax or mail completed forms

to:

CSI Pharmacy
 811 N. Kings Highway
 Wake Village, Texas 75501
 Fax: 1-870-772-0214

Patient Satisfaction Survey	
Date:	
Please rate the Pharmacy performance based on the below scale. 1= Very Poor 2=Poor 3=Fair 4=Good 5=Very Good	

Survey Questions					
1 The Staff was courteous and helpful.	1	2	3	4	5
2 On a scale of 1-5, how has your quality of life been while taking your prescribed medication provided by CSI Pharmacy?	1	2	3	4	5
3 On a scale of 1-5, what is your satisfaction level with CSI Pharmacy's Patient Management Program?	1	2	3	4	5
4 On a scale of 1-5, how likely would you be to recommend our Pharmacy to friends and family?	1	2	3	4	5
5 Please rate your overall experience.	1	2	3	4	5

For CSI Pharmacy office use only. Overall Client Satisfaction Rating	_____ %
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Add comments here to help us find ways to better serve you. (Optional)
Comments:
Optional:
Name and DOB:
Phone Number

