

Patient Satisfaction Survey

To help us better serve you, please complete this survey and return it at your convenience in the prepaid and addressed envelope we provided or send it back to Tufts Medical Center/Specialty Pharmacy, 800 Washington Street, #420, Boston, MA, 02111. The survey is also available to complete online at tuftsmedicalcenter.org/specpharmsurvey. Thank you!

STATEMENT	VERY SATISFIED	SATISFIED	NEUTRAL	NOT SATISFIED	VERY UNSATISFIED
1. Calls to our specialty pharmacy: How satisfied are you...					
...that your phone calls were answered promptly?					
...with the ability to reach us during normal business hours?					
...with the ability to contact us after business hours?					
...with our ability to return your phone calls in a timely manner?					
2. Interactions with the call center: How satisfied are you...					
...with the courtesy of our customer service staff?					
...with the helpfulness of the insurance specialists?					
...with the care and concern shown by our pharmacists?					
3. Your prescriptions: How satisfied are you...					
...with the ease of filling your prescription with us?					
...with the timeliness of filling your prescription?					
...with the education you received about your prescription?					
...with the accuracy of your prescription?					
4. Overall, how satisfied are you...					
... that the pharmacist checks in with you periodically?					
... with our Specialty Pharmacy Services?					
	VERY LIKELY	LIKELY	NEUTRAL	NOT LIKELY	VERY UNLIKELY
5. How likely are you to recommend our Specialty Pharmacy to others?					

ADDITIONAL COMMENTS: