



CUSTOMER SATISFACTION SURVEY

We value your opinion!

In an effort to continuously monitor and maintain the highest degree of customer satisfaction and service that you receive from Rx4Prevention, we respectfully ask you to complete this survey and either mail or fax it to the address/fax listed at the bottom of this page.

Date

Nursing Home / Business / Customer

On a scale of 1-5 please rate the degree of satisfaction you have with the services of Rx4Prevention

1 = Complete Dissatisfaction and 5 = Complete Satisfaction

(Please circle your score; if a criterion is not applicable, Circle "NA")

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|---|----------|----------|----------|----------|----------|-----------|
| 1. Customer Service at RX4PREVENTION is Satisfactory. | 1 | 2 | 3 | 4 | 5 | NA |
| 2. Orders are delivered in a Timely Manner by RX4PREVENTION. | 1 | 2 | 3 | 4 | 5 | NA |
| 3. Scripts and Orders are filled with Accuracy. | 1 | 2 | 3 | 4 | 5 | NA |
| 4. In our Dealings with RX4PREVENTION, we are Treated with respect | 1 | 2 | 3 | 4 | 5 | NA |
| 5. Concerns that we express to Rx4Prevention are Handled Satisfactorily. | 1 | 2 | 3 | 4 | 5 | NA |

Comments: _____

Please mail or fax your completed survey to:

**Rx4Prevention~ 1010 West Madison St. ~ Washington, Iowa 52353
Phone: 319-331-2552 Fax: 319-241-8223**

It is a privilege to serve you. Thank you very much for your input!