

Satisfaction Questionnaire

Bellevue Drug is committed to providing the highest quality customer service and products to our community. Please take a moment to answer the questions in our survey below.

Your comments and opinions are important to us and will be kept confidential. Please complete and return in the self-addressed envelope attached, so that we can continue to improve upon the quality of our service to you. Thank you.

Please circle the number that corresponds to your opinion:

1 = not sure 2 = strongly disagree 3 = disagree 4 = agree 5 = strongly agree

1	You received prompt service.	1	2	3	4	5
2	Our staff asked if you had any questions regarding your order when you picked up your prescription.	1	2	3	4	5
3	Your privacy is respected at Bellevue Drug Company.	1	2	3	4	5
4	If applicable, our staff contacted you if we did not have all of your medication on hand.	1	2	3	4	5
5	If applicable, our staff tried to assist you in resolving any insurance issue that you may have had.	1	2	3	4	5
6	If applicable, our staff notified you if your insurance company required a prior authorization for your medication.	1	2	3	4	5
7	Our staff was courteous.	1	2	3	4	5
8	Based on your knowledge of Bellevue Drug Co. you are aware of all the products and services we offer.	1	2	3	4	5
9	Based on you experience, you will recommend Bellevue Drug to family & friends.	1	2	3	4	5

Is there anything else we can help you with? _____

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Did you know that by calling our pharmacy after regular business hours, you are given information on how to contact us for a prescription emergency?_____
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Additional Comments: _____

Name & Phone # (optional): _____ Today's Date: _____