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We Value Your Feedback:

Kings Pharmacy Customer Service Satisfaction Survey

For each statement, please put an “X” in the box under the number that most accurately reflects your opinion and experience concerning the statement. Please return your completed survey to the pharmacy in person or by mail or fax.

		Not applicable	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
N/A = Not Applicable 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree							
Name (Optional): _____ Date: _____	N/A	1	2	3	4	5	
1. My order was filled accurately and correctly.							
2. My order was filled and delivered in a timely manner.							
3. My medication(s) was properly packaged and delivered in good condition.							
4. I find that I am satisfied, overall, with the delivery of my medication(s).							
5. When I call Kings Pharmacy, I am easily able to speak with a pharmacist/nurse if requested.							
6. When I call Kings Pharmacy, I find that I am overall satisfied with the customer service I receive.							
7. When I call Kings Pharmacy, I find that the staff is knowledgeable and able to answer my questions.							
8. When I call Kings Pharmacy, I find that the pharmacists are knowledgeable about my health condition(s), my medication(s), and possible side effects.							
9. When I call Kings Pharmacy, I find that the staff shows empathy and concern for my needs.							
10. I find that I am satisfied, overall, with the service that is provided to me by Kings Pharmacy. If not, please explain below:							
