

# Pharmacy Satisfaction Assessment

Date: [Insert Date]

To: [Pharmacy Name]

Address: [Pharmacy Address]

Dear [Pharmacy Manager/Owner],

We are conducting a Pharmacy Satisfaction Assessment to gather feedback on our services and improve the customer experience. We value your opinion and would appreciate it if you could take a moment to share your thoughts.

## Survey Questions

1. How satisfied are you with the quality of service you received? (1- Very Dissatisfied to 5- Very Satisfied)
2. How would you rate the professionalism of our staff?
3. Were your prescription needs met in a timely manner?
4. Do you feel that you received enough information regarding your medications?
5. What can we do to improve your experience with us?

Please provide your feedback by responding to this letter or by filling out our online survey at [Insert URL]. Your insights will be invaluable in helping us enhance our services.

Thank you for your time and input.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]