

Pharmacy Service Quality Feedback

Date: [Insert Date]

To: [Pharmacy Name]

Address: [Pharmacy Address]

Dear [Pharmacy Manager's Name],

I hope this message finds you well. I am writing to provide feedback regarding my recent experience at your pharmacy on [insert date of visit].

Service Quality Feedback

- 1. Overall Experience:** [Rate from 1-5 and provide comments]
- 2. Staff Courtesy:** [Rate from 1-5 and provide comments]
- 3. Wait Time:** [Rate from 1-5 and provide comments]
- 4. Medication Counseling:** [Rate from 1-5 and provide comments]

Suggestions for Improvement

[Your suggestions here]

Thank you for your attention to this feedback. I appreciate the hard work and commitment of your team to provide quality pharmacy services.

Sincerely,

[Your Name]

[Your Contact Information]