

**Referral Source Satisfaction Survey for Las Vegas Infusion Pharmacy**

*Please rate from 1-5 with 5 being the highest* ***highest*** *l****owest***

**Clinical and Ancillary Staff**

Pharmacist’s clinical knowledge and professionalism □5 □4 □3 □2 □1

when I call/discuss my patient

Nurse’s clinical knowledge and compassion when □5 □4 □3 □2 □1

I call/discuss my patient

The staff is courteous, helpful and informative □5 □4 □3 □2 □1

**Referral Process**

The referral process is generally easy and hassle free □5 □4 □3 □2 □1

How would you rate the customer service and □5 □4 □3 □2 □1

professionalism when receiving follow up phone calls or referral questions

I receive a call back in a timely manner regarding acceptance □5 □4 □3 □2 □1

or denial of my referral

If my referral is accepted, I’m informed of an approximate □5 □4 □3 □2 □1

delivery of services; if denied, I’m given a thorough explanation why

**Overall Pharmacy Services**

My patients are satisfied with the service they receive □5 □4 □3 □2 □1

I would recommend Las Vegas Infusion Pharmacy to other □5 □4 □3 □2 □1

providers

**Please provide any additional comments below**

|  |
| --- |
|  |