

Thank you for allowing us to provide our pharmacy services. The trust and confidence you have placed in our services is taken with great pride and we understand the responsibility of maintaining it. With that in mind, please take a few minutes to give us feedback on your experience so that we can continue to improve our services.

INSTRUCTIONS: Please place an "X" in the corresponding box below for your answer to each question. In order for Gentry to improve the experience of its patients, we request that you please explain any question that you score "Disagree" or less in your response in the comment section below. Completed form can be submitted:

- **Online:** GentryHealthServices.com • **Fax:** 1-844-329-2447 • **Email:** AskGentry@GentryHealthServices.com
- **Mail:** Gentry Health Services, 1090 Enterprise Dr, Medina OH 44256

Please mark the box with an "X" that corresponds to your level of agreement to the statements below. Please mark each question only once. If you disagree, we would very much appreciate your feedback so we can learn how to do better and improve our services to you.

I am satisfied with my overall experience at Gentry Health Services.

I would continue to use Gentry Health Services in the future.

Gentry Health Services staff was friendly and helpful.

Gentry Health Services filled my prescription quickly and efficiently.

My prescription arrived when I expected it.

The information I received about my medication was helpful.

Gentry Health Services is easy and convenient to reach and communicate with.

I would recommend Gentry Health Services to friends and family.

Gentry Health Services took the time to understand me and explain why my medication is important.

Gentry Health Services calls me promptly for refill reminders and setting up my next order.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
I am satisfied with my overall experience at Gentry Health Services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would continue to use Gentry Health Services in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gentry Health Services staff was friendly and helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gentry Health Services filled my prescription quickly and efficiently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My prescription arrived when I expected it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information I received about my medication was helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gentry Health Services is easy and convenient to reach and communicate with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend Gentry Health Services to friends and family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gentry Health Services took the time to understand me and explain why my medication is important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gentry Health Services calls me promptly for refill reminders and setting up my next order.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tell us how we can do better

How can we improve our services to you? _____

Comments: _____

Name (optional): _____ Date: _____

Phone (optional): _____ Best time to call: _____