



Store # _____

AuBurn Pharmacy Satisfaction Measure

Date of Service _____

Survey Method In Store By Phone

Patient _____ Phone # _____

Equipment Provided _____ New Existing

Model _____ Serial # _____

Survey Conducted by _____

Survey Conducted on _____

Delivery and Instruction Tech Names _____

Access, Delivery, and Service

Equipment/supplies were delivered in a timely manner.	Yes	No	N/A
Equipment/supplies were ready for patient use upon delivery.	Yes	No	N/A
Received and understood instructions on proper application and use of equipment/supplies.	Yes	No	N/A
Feel confident to operate/use equipment/supplies.	Yes	No	N/A
Received info on my Rights & Responsibilities, complaint process, billing, contact numbers.	Yes	No	N/A
Satisfied with equipment or supplies.	Yes	No	N/A
Satisfied with the service. Would recommend to others.	Yes	No	N/A

Comments: