

**Kubat Custom Health Care, Inc.  
PATIENT EVALUATION AND SURVEY FORM**

**(1=Very Poor    2=Poor    3=Average    4=Good    5=Excellent)**

Question	Rating (circle rating)	Comments
Did pharmacy personnel provide clear and concise counseling and instructions on drug therapy and delivery devices?	1   2   3   4   5	
Were the pharmacy personnel respectful, and did they offer immediate assistance?	1   2   3   4   5	
Did all members of the pharmacy team act in a professional manner at all times?	1   2   3   4   5	
Did all members of the pharmacy team appear to be well trained in their respective job duties?	1   2   3   4   5	
Was follow-up provided after the initial consult or counseling session?	1   2   3   4   5	

Personnel	Overall Rating
Pharmacist(s)	1   2   3   4   5
Pharmacy Technician(s)	1   2   3   4   5
Delivery Personnel	1   2   3   4   5
Other Personnel	1   2   3   4   5

Thank you for taking the time to give us your feedback. Please submit completed form to **[compounding@kubatpharmacy.com](mailto:compounding@kubatpharmacy.com)** or mail to: ***Kubat Custom Health Care, Inc.***  
4924 Center Street  
Omaha, NE 68106

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Pharmacy Staff)