



Feedback Form New VA Prescription Label

Dear Veteran,

Thank you for providing feedback on the new VA prescription label. We value your opinion. Please do not identify yourself on this form.

Please indicate your level of agreement with the following information on your NEW prescription label compared to your OLD prescription label:	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Don't Know
I can easily find and read my name on the new label.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The name of the drug/medicine is clearly displayed on the new label.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading the new label, I understand how to take the medication correctly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can easily see how many refills are remaining on the new label.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, the new label is better than the old label.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please use the back of this form to provide comments, and return the form to your VA Pharmacy.

VA Form 10-0549
MAY 2012

OMB 2900-0770
Estimated Burden: 4 min.



BACK OF CARD

Please provide any comments you wish to share about the new VA prescription label.

PRA Statement: This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor, and you are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this consent form will average 4 minutes. This includes the time it will take to read information provided and gather the necessary facts to fill out the form. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

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