



DEFENSE HEALTH AGENCY
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Telephone pharmacy patient survey script:

Hello [Name],

My name is XXXX and I am calling from the Pharmacy Operations Division at Defense Health Agency Headquarters. How are you doing today?

Our records show that you have filled a medication in the retail setting. In an effort to improve our MTF pharmacy operations, we would like to ask you about your experience. This survey will take no more than 5 minutes of your time and completely voluntary. There is no penalty if you choose not to be in the survey.

Can you please explain why you chose to fill your XXXX prescription at XXXX instead of the MTF Pharmacy? [Record their answer here:]

Thank you so much for the valuable feedback to help us improve. We hope that one day you consider bringing your prescription filling back to the military system where we can fill those prescriptions for NO copay! With our improved refilling systems, we have reduced our local wait times to save you time when picking up your prescriptions.

Your trust in military medicine is important to us, and we will continue to make every effort possible to provide you the world-class care that you deserve. Have a wonderful day!