Dear [patient name]

We note from our records that you have not used our pharmacy recently to collect your prescribed medicines.

You are free to use any pharmacy that you choose and we do not want to stop you choosing what is best for you.

However; so that we can improve the services that we provide, we would be very grateful if you could spare a few moments to let us know why you have not used our pharmacy recently. Please return this completed letter to us in the enclosed stamped self-addressed envelope.

Please explain why you have not visited our pharmacy by ticking all that apply

|  |  |
| --- | --- |
|  | ✓ |
| I do not need to have any prescriptions dispensed |  |
| I have moved away from the area |  |
| I have used a pharmacy that is closer to where I live or work |  |
| I have used a pharmacy that is open earlier in the morning |  |
| I have used a pharmacy that is open later in the evening |  |
| I have used a pharmacy that gave me my medicines quicker |  |
| I was told I should use another pharmacy (please explain by whom and any reasons they gave) |  |
| I have used a pharmacy that provides a better service(please explain the difference) |  |
| I have had my medicine dispensed at another pharmacy, but did not realise that this is a different pharmacy to my regular pharmacy |  |
| Other reason: (please explain) |  |

Thank you for your help. We hope that you will consider visiting us again for your pharmacy needs.