HOGAN
P·H·A·R·M·A·C·Y

Customer Feedback Form

Thank you for visiting Hogan Pharmacy. We value all of our customers and strive to meet everyone's needs.

Date of visit (mm/dd/yyyy): _____ Time of visit: _____

Was our customer service provided to you in an accessible manner?

- [x] Yes
- [ ] Somewhat
- [ ] No

Comments:

Did you have any difficulties accessing our goods and services?

- [x] Yes
- [ ] Somewhat
- [ ] No

Comments:

Do you have any additional comments?

Contact information (optional): _____