

**DOC Pharmaceutical
Services RFP Vendor
Reference Survey**

Vendor Applicant: _____

Reference Company Name: _____

Reference Contact Name: _____

Phone Number: _____

Email: _____

1. How long has your company been a client of the vendor?

2. How would you rate the vendor in each of the following categories or services? If you have not received a service, please respond N/A.

a. Customer service

1 2 3 4 5 N/A

b. Overall account management

1 2 3 4 5 N/A

c. Prescription fill accuracy

1 2 3 4 5 N/A

d. Timeliness of shipping

1 2 3 4 5 N/A

e. Ability to meet special labeling/packaging requirements

1 2 3 4 5 N/A

f. Internal control measures for preventing harmful drug interactions

1 2 3 4 5 N/A

g. Other services (please specify)

1 2 3 4 5 N/A

1 – Poor

2 – Unsatisfactory

3 – Neutral

4 – Satisfactory

5 – Excellent

3. How likely are you to use the vendor again?

a. Will not use them again

b. Not likely

c. Neutral

d. Likely

e. Highly likely