

PATIENT COMMUNICATION/SUGGESTION FORM

At Okuley’s Pharmacy and Home Medical, we genuinely strive to provide the highest quality in health care services for our clients. That’s why your concerns are our concerns. Unfortunately, no matter how hard we try, things happen. We want to make sure that you understand how to get action if you have a problem, and also to provide compliments related to our staff and services. Also, we encourage you to report any safety concerns you may have regarding your personal safety or concerns about your safety with the use of your equipment in your home. First, always feel free to call either of these numbers during the regular business hours, **419-784-4800 or toll free: 877-784-1011**. You can always call our 24 hour number **888-404-0550**, and a representative from Okuley’s Pharmacy will return your call. If your problem was not resolved by a phone call, you may also call Medicare at **1-877-299-7900** or JCAHO at **1-800-994-6610**.

To ensure that our service meets your total satisfaction, we ask you to describe completely any problem, suggestions, concerns, or compliments you may have. This completed form will be routed directly to the owners, who will promptly review this concern and will make verbal or written communications with you to assure you the problems will be corrected and compliments will be shared.

Our business values the privacy of its patients and is committed to operating our business in a manner that promotes patient confidentiality while providing high quality patient care. If we have fallen short of this goal, we want you to notify us. Please be assured that your complaint will be kept confidential. Please use the space provided below to describe your complaint or compliment. We appreciate your candid comments as well as your assistance in helping us to continually improve our service to our many and valued customers.

Individual completing form: \_\_\_\_\_  
Date of form completion: \_\_\_\_\_  
Name of affected individual: \_\_\_\_\_  
Phone number: \_\_\_\_\_

Suggestion(s) for improving our services: \_\_\_\_\_

Positive Feedback: \_\_\_\_\_  
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