Report

Pharmacy Practice I.

1.   **Student's name:** _____

       Student's Neptun code: _____

2.   **Name of the pharmacy:** _____

       Address of Pharmacy: _____

3.   **Name of Pharmacist in charge :** _____

4.   **Duration of practice: from** _____ **to** _____

Practice report

- **min. 1-2 typed page** (A/4 format) (without front and back cover),
- Times New Roman -12 typeface,
- 1,5 line spacing

Date: 202__. _____

Created by:_____

_____
Signature

Instructor's assessment:

unsatisfactory[*]   satisfactory[*]   excellent[*]

[*]**underline as appropriate**

Place and date of the evaluation: _____, 202_. _____

Signature of Pharmacist in charge : _____

Stamp of the pharmacy: