

Front cover

Report

Pharmacy Practice II.

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

Back cover

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: