Report

Summer 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: