Report

Summer 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
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: