**CATATAN PRAKTEK KERJA LAPANGAN DI APOTEK…………………………………….**

**Apoteker Pengelola Apotek : …………………………**

Hari :……………….. Tanggal :………………..

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No.R/ | Nama/Sediaan/ Jumlah | Generik/Komposisi | Merek lain | Gol | Dosis | Khasiat dalam Resep | Catatan |
| diberikan | lazim |
|  |  |  |  |  |  |  |  |  |

**CATATAN PRAKTEK KERJA LAPANGAN DI APOTEK…………………………………….**

**Apoteker Pengelola Apotek : …………………………**

Hari :……………….. Tanggal :………………..

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No | Keluhan Pasien | Nama Obat yang Diberikan | Merek lain | Gol | Dosis | Khasiat  |
| diberikan | lazim |
|  |  |  |  |  |  |  |  |