# Pharmacy Technician Worksheets

## PHARMACY INFORMATION

Pharmacy Name: _____ Pharmacist in Charge: _____

Date: _____ dd / mm / yyyy Technician Completing Worksheet: _____

## PRESCRIPTION PROCESSING

1. Prescription Number: _____ Patient Name: _____

Medication: _____

Dosage Form (Tablet, Capsule, Liquid, etc.):

Strength: _____ Quantity: _____

Directions for Use: _____ Refills: _____

Insurance Information Verified:

◯ Yes ◯ No

DUR (Drug Utilization Review) Completed:

◯ Yes ◯ No

Generic Substitution:

◯ Allowed ◯ Not Allowed

Notes:

## INVENTORY MANAGEMENT

2. Medication Restocked: _____ Quantity Received: _____

Lot Number: _____ Expiration Date: _____ dd / mm / yyyy

Placed on Shelf:

◯ Yes ◯ No

Backorder Noted:

◯ Yes ◯ No

If Yes, expected delivery date: _____ dd / mm / yyyy

Notes:

## COMPOUNDING LOG

3. Compound Name: _____

**Formula Components and Quantities**

**Batch Number:** _____ **Preparation Date:** _____ dd / mm / yyyy

**Use By Date:** _____ dd / mm / yyyy

Verified By Pharmacist:

◯ Yes ◯ No

**Notes:**

## MEDICATION SAFETY AND QUALITY CHECKS

**4. Medication:** _____

Check for Expired Medications:

◯ Yes ◯ No

Check for Recalled Medications:

◯ Yes ◯ No

Adverse Drug Reaction Reports Filed:

◯ Yes ◯ No

**Notes on Discrepancies / Issues:**

## CUSTOMER SERVICE INTERACTION LOG

**5. Customer Name:** _____ **Issue / Request:** _____

**Action Taken:** _____ **Outcome:** _____

Follow-Up Need:

◯ Yes ◯ No

**Details:**

**Notes:**

**Signature of Technician:**

**Date:** _____ dd / mm / yyyy

## PHARMACIST VERIFICATION AND COMMENTS

Verified By: _____ Date: _____ dd / mm / yyyy

Comments: