

# Pharmacy Technician Worksheets

## Pharmacy Information

Pharmacy Name:

Pharmacist in Charge:

Date:

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:

Placed on Shelf:

Yes       No

Backorder Noted:

No       Yes (if Yes, expected delivery date: \_\_\_\_\_ )

Notes:

## Compounding Log

### 3. Compound Name:

Formula Components and Quantities:

Batch Number:

Preparation Date:

Use by Date:

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 Needed:

Yes      No

Details:

Notes:

**Signature of Technician**

Date:

**Pharmacist Verification and Comments**

Verified By:

Date:

Comments: