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: