

PHARMACY LABEL TEMPLATES

BOTSWANA HARVARD PARTNERSHIP		SITE: _____	
PRIVATE BAG BO 320, GABORONE		TELEPHONE: _____	
PID : _____		SID: _____ INITIALS _____	
Drug Name/Strength: _____			
Dosage: <input type="checkbox"/> Tablet (Pilisi)		<input type="checkbox"/> Times a Day with or without food (ka letsatsi)	
Date of Prep.: _____		Prep. By: _____ Qnty Disp: _____	
Storage instructions: _____			
FOR INVESTIGATIONAL USE ONLY (PROTOCOL # _____)			

BOTSWANA HARVARD PARTNERSHIP		SITE: _____	
PRIVATE BAG BO 320, GABORONE		TELEPHONE: _____	
PID : _____		SID: _____ INITIALS _____	
Drug Name/Strength: _____			
Dosage: _____			
PHARMACY		CLINIC	
Date & Time of preparation:		Date of admin:	
Date & Time delivered at clinic:		Time of Admin:	
Disp By(Initials):		Admin by(Initials):	
Storage instructions: _____			
FOR INVESTIGATIONAL USE ONLY (PROTOCOL # _____)			