PHARMACY LABEL TEMPLATES

BOTSWANA HARVARD PARTNERSHIP **SITE:_____**
PRIVATE BAG BO 320, GABORONE TELEPHONE: _____

PID : _____SID:_____ INITIALS_____

Drug Name/Strength**:** _____

Dosage: ☐ Tablet (Pilisi) ☐ 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 #_____)