





**I am involved with  
Prescription Reception**

**So my signature below indicates that I have read and fully understand the procedure.  
By signing this procedure I agree to follow the procedure at all times. If I have any  
suggestions for improving the procedure I agree to suggest them at the earliest  
opportunity.**

- Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_
- Competence checked by \_\_\_\_\_ Date \_\_\_\_\_
- Restrictions

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**SAMPLE**

**Pharmacist's Name**

**Pharmacist's Signature**

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• Restrictions \_\_\_\_\_

• Name \_\_\_\_\_

• Competence checked by \_\_\_\_\_

• Restrictions \_\_\_\_\_

Pharmacist's Name

Pharmacist's Signature

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which I have read and appreciate the principles behind. Whilst here in locum tenens, I  
will follow this procedure to help the smooth running of the shop, provided it does not  
compromise my professional judgement. Clearly I accept responsibility for any  
variations that I do make.

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature

Locum Pharmacist's Name

Locum Pharmacist's Signature