OAT Part-Fill Log

Date	Rx Number	Witness	Carry	Total	Address	Pharmacist Initial	Patient Initial
						Pat Id / Data Entry / PNet / Prep/Exp DTP / Final chk / Consult	
						Pat Id / Data Entry / PNet / Prep/Exp DTP / Final chk / Consult	
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						Pat Id / Data Entry / PNet / Prep/Exp DTP / Final chk / Consult	