

# 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		
						Pat Id	Data Entry	PNet	Prep/Exp	
						DTP	Final chk	Consult		
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						DTP	Final chk	Consult		
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						DTP	Final chk	Consult		
						Pat Id	Data Entry	PNet	Prep/Exp	
						DTP	Final chk	Consult		
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						DTP	Final chk	Consult		
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