Pharmacy Meeting.

Date ……………

In attendance:

|  |  |  |
| --- | --- | --- |
| **Item** | **Comment** | **Actions** |
| Performance |  |  |
| Dispensing Issues |  |  |
| Customer Comment |  |  |
| Patient Satisfaction |  |  |
| Public Health Agenda |  |  |
| Training |  |  |
| Any other business |  |  |