

3P Pharmacy Program Daily Sales Sheet

Store Name: _____

Date: _____

Owner Name: _____

Please Circle One: M T W TH F S/SUN

*Please try to show these videos at least ten times a day.

	*VIDEO		Was Purchased Made (Yes or No):		Total Sale Amount	Staff Initials
	Cholesterol	Diabetes	Yes	No		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

TOTAL DAILY SALES	
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PLEASE GROUP THE WEEK'S SALES SHEETS AND FAX EVERY TUESDAY TO 888-726-9012
FOR QUESTIONS, PLEASE CALL 561-585-3059 AND ASK FOR NATALIA.