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|  |
| *(наименование организации)* |

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| **Приказ** | | | | | | |
| **об утверждении** | **Правил хранения лекарственных препаратов** | | | | | |
|  |  | | | | | |
|  | | 202 |  | г. | № |  |

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| 1. Утвердить | | **Правила хранения лекарственных препаратов в** | | | | | | | | | | |
|  | | *(наименование ЛНА)* | | | | | | | | | | |
|  | | | | | | | | | | | | |
| *(наименование организации)* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| и ввести в действие с | | | |  | | | | 202 | |  | г. | |
|  | | | | | | | | | | | | |
| 2. |  | | | | | | | | | | | |
|  | *(должность и Ф.И.О. работника)* | | | | | | | | | | | |
| до |  | | | | 202 |  | г. ознакомить с | |  | | | |
| **Правилами хранения лекарственных препаратов** | | | | | | | | | | | | |
| *(наименование ЛНА)* | | | | | | | | | | | | |
| всех работников | | |  | | | | | | | | | под роспись. |
|  | | | *(наименование организации)* | | | | | | | | |  |

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| Приложение: |  |  |  |
|  | *(наименование ЛНА)* |  | *(наименование организации)* |

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|  |  |  |  |  |
| *(должность руководителя организации)* |  | *(подпись)* |  | *(Ф.И.О.)* |

С приказом ознакомлен:

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|  |  |  |  |  |  |  |
| *(должность)* |  | *(подпись)* |  | *(Ф.И.О.)* |  | *(дата)* |