**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

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.