|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 時段星期 | 一 | 二 | 三 | 四 | 五 | 六 | 日 |
| 8:00~12:00 | 姓名：○○○ |  |  |  |  |  |  |
| 13:00~17:00 |  |  |  |  |  |  |  |
| 18:00~21:00 |  |  |  |  |  |  |  |

**XX藥局藥師執業時間表**

1. 請依實際班表設定時段
2. 請檢附藥師姓名及照片供消費者查詢