

**Nursing Legibility Review:**

Patient Name: \_\_\_\_\_ Patient #: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ Attending Physician: \_\_\_\_\_

**All** Nursing entries including signature are legible? Y \_\_\_ N \_\_\_

If all entries are not legible:

Nurse that needs corrective action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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