

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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Patient Name: _____ Patient #: _____

Dates of Service: _____ Attending Physician: _____

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