

Physician Legibility Review:

Patient Name: _____ Patient #: _____

Dates of Service: _____ Attending Physician: _____

All Physician orders are legible? Y ___ N ___

If all orders are not legible:

Evidence on Medical Records of order clarification? Y ___ N ___

Physician's Name whose orders required clarification? _____

Were there multiple times when orders had to be clarified? Y ___ N ___

How many times were orders clarified per physician? _____

Areas that had to clarify orders: (indicate number of times)

Nursing _____ Surgery _____

Pharmacy _____ PACU _____

ER _____ ICU _____

Radiology _____

Lab _____

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