



Subsidiary
(Select one)

- Bay Region
- Caro Region
- Central Michigan
- Flint
- Greater Lansing
- Karmanos
- Lapeer Region
- Macomb
- Medical Group
- Northern Michigan
- Oakland
- Port Huron
- St. Lukes
- Thumb Region

Want to Say Thank You to Your Nurse or Care Team Member?

I would like to nominate _____ from the _____ department as a deserving recipient of the Daisy Award. This person’s clinical skill and especially her/his compassionate care exemplify the kind of care that our patients, their families, and our staff recognize as an outstanding role model. She/he consistently meets all of the following criteria:

- Strong assessment skills and decision-making
- Excellent interpersonal skills - works collaboratively
- Focuses on patients and families in a way that builds trust and confidence
- Highly effective patient and family educator
- Active patient advocate

Please describe a specific situation or story that demonstrates how this care team member made a meaningful difference in your care.

Thank you for taking the time to nominate an extraordinary care team member for this award. Please tell us about yourself, so that we may include you in the celebration of this award should the nurse you nominated is chosen.

Your Name: _____ Nomination Date: _____

Phone: _____

I am (please check one): Patient Visitor RN MD Staff Volunteer

Manager Acknowledgement

I acknowledge that this care team member is in good standing.

Signed: _____ Title: _____



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