

## McLaren Print System Order

Order No: 71934  
 Order Date: 2022-08-26  
 User: Tammy Phillips  
 Phone: 989-672-5780

Ship Location: McLaren Caro Region - Surgery Dept. Attn: Tammy Phillips  
 401 N. Hooper Street  
 Caro, MI 48723,

Brochures  
 Quantity: 160  
 Paragon Dept No: 28605  
 Dept Name: Surgical Services  
 Company Number: 510

Order Total Price: 30.80

Item Number: MHCC-532  
 Item Description: Daisy Award Nomination Form  
 Revision Date: 06/2022  
 Print:  
 Paper:  
 Size:  
 Fold:  
 Finish:  
 Drill:  
 Poster:  
 Misc Info: ss; color; bleed 32#



### Subsidiary

- Detroit area
- Bay Region
- Caro Region
- Central Michigan
- Flint
- Greater Lansing
- Kalamazoo
- Upper Region
- Macomb
- Medical Group
- Northern Michigan
- Oakland
- Port Huron
- St. Louis
- 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 his/her compassionate care exceeds 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 be chosen.

Your Name: \_\_\_\_\_ Nomination Date: \_\_\_\_\_

Phone: \_\_\_\_\_

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

### Manager Acknowledgment

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

Signed: \_\_\_\_\_ Title: \_\_\_\_\_



Spec Info:

