

McLaren Print System Order

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5701 Bow Point Dr. STE 120
Clarkston, MI 48346

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Company Number: 310

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Item Number: MHCC-532
Item Description: Daisy Award Nomination Form
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Subsidiary

- Detroit area
- Bay Region
- Care 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 _____



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Spec Info:

