

McLaren Print System Order


Order No: 88626  
Order Date: 2024-10-01  
User:  
Phone: 8103425179

Ship Location: McLaren Flint - Emergency Department Attn: Cali McLendon  
401 S Ballenger Hwy  
Michigan, MI 48532

Brochures  
Quantity: 3  
Paragon Dept No: 10005  
Dept Name: Emergency Department  
Company Number: 60

Order Total Price: 1.02

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 and  
 Bay Region  
 Care Region  
 Central Michigan  
 Flint  
 Greater Lansing  
 Kalamazoo  
 Lapeer 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 level 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: \_\_\_\_\_

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

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

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Send your nurse a thank you letter online by visiting [mclaren.org](http://mclaren.org)



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Spec Info: Please deliver to the ED Leadership Office in the Emergency Department. Attn: Cali McLendon, Assistant Manager