

Want to Recognize Your Nurse?



Share *Your Story!*

THE DAISY AWARD FOR EXTRAORDINARY NURSES

Name of the nurse you are nominating: _____

Unit where this nurse works: _____

Once complete, please drop off in one of our DAISY boxes located on the nursing units or in the Main Lobby. You may also submit via email to DAISY@paloshealth.com or mail to: Palos Health, Attn: DAISY Committee, 12251 South 80th Avenue, Palos Heights, IL 60463.

I am a: Patient Family Member/Visitor RN
 Physician Volunteer Employee

PATIENT'S NAME (optional): _____
YOUR NAME: _____
PHONE NUMBER: _____
EMAIL: _____
Date of Nomination: _____
If staff, please provide:
TITLE: _____
Work location: _____