Want to Recognize Your Nurse?

The DAISY FOUNDATION
IN MEMORY OF J. PATRICK BARNES

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: _____