Relationship Based Care puts our patients and their loved ones at the heart of the health care experience.

The Daisy Award

Nomination Form

IN MEMORY OF J. PATRICK BARNES
FOR EXTRAORDINARY NURSES
I would like to nominate ________________________________ from the ________________________________ site/department as a deserving recipient of The DAISY Award. This nurse demonstrated clinical skill, compassionate care, exemplary service and a commitment to excellence. I would like to share a story about why this nurse is so special.

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Thank you for taking the time to nominate an extraordinary nurse (RN or LPN) 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 ________________________  
Phone ____________________________  
Email _____________________________  

I am (please check one):  
□ Patient  □ Family / Visitor  
□ Employee  □ RN  □ MD  
□ Staff  □ Volunteer  

Unit ______________________________  
Pager _____________________________  

Date of nomination __________________  

Options for submitting a nomination:  
• Mail this form to Nursing & Patient Education (addressed on back)  
• Fill out the form online at mayoclinichealthsystem.org/locations/la-crosse  
• Call our automated, toll-free phone line 855-392-4940  

If you have any questions please contact the Nursing Education Department at 608-392-9402 or email us at ladaisyaward@mayo.edu.

Manager Acknowledgement  
Signed ____________________________________  
Title _____________________________________  

Nominations received by the 15th of the month will be considered for the following month’s DAISY Award.