



# Nomination Form

I would like to nominate \_\_\_\_\_ as a deserving recipient of The DAISY Award. This nurse's clinical skill and especially her/his compassionate care exemplify the kind of nurse that our patients, their families, and our staff recognize as an outstanding role model.

Please describe a specific situation or story that clearly demonstrates how this nurse made a meaningful difference in your care.

Thank you for taking the time to nominate an extraordinary nurse 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 is chosen.

Your Name: \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Date of nomination:

Please email the completed submission form to  
DaisyAward@tgmc.com  
or call 985-873-4611 for more info.

**TGMC**  
Terrebonne General Medical Center