



Thank you for taking the time to complete this nomination.

Please tell us about yourself, so that we may include you in the celebration of this award if the nurse you nominated is chosen.

Your name: _____

I am (please check one):

RN ___ MD ___ Patient ___
Family/Visitor ___ Staff ___ Volunteer ___

Date of nomination _____

How do we reach you?

Phone _____

Email _____

I understand that by signing below, I authorize Huntington Hospital to use or disclose my nomination story which may contain protected health information for employee recognition and/or educational purposes.

Patient/Legal Representative Name: _____

Patient/Legal Representative Signature: _____

Date: _____

If you have any questions, please contact:
DaisyNominations@huntingtonhealth.org

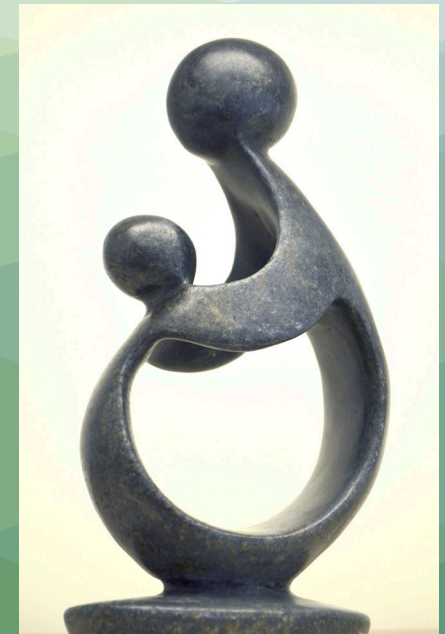
Huntington Hospital nurses are dedicated to establishing caring relationships with our patients and their families. In a tradition of nursing excellence, we are committed to providing leading edge, professional expertise to support and care for individuals, one person at a time.



An Affiliate of



The DAISY Award



*Recognizing
our nurses for
extraordinary care*



Attn: DAISY Coordinator FL2 RM 2WH72B
100 W. California Blvd., Pasadena, CA 91105
(626) 397-5000 | huntingtonhealth.org
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