



IN MEMORY OF J. PATRICK BARNES

# 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:**

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**I am (please check one):**

RN \_\_\_ MD \_\_\_ Patient \_\_\_  
Family/Visitor \_\_\_ Staff \_\_\_ Volunteer \_\_\_

Date of nomination \_\_\_\_\_

**How do we reach you?**

Phone \_\_\_\_\_

Email \_\_\_\_\_

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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:**

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**Patient/Legal Representative Signature:**

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**Date:** \_\_\_\_\_

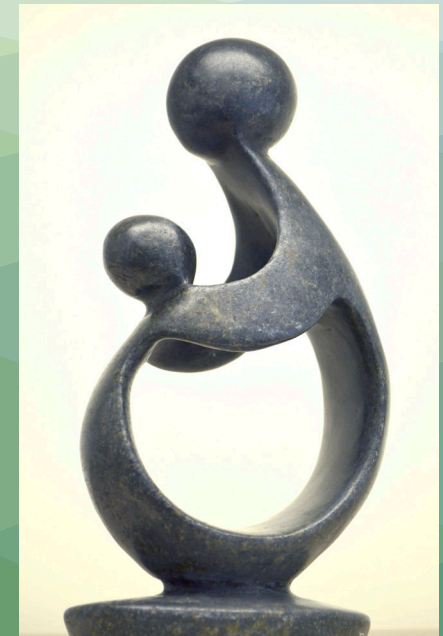
**If you have any questions, please contact:**  
DaisyNominations@huntingtonhospital.com

*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.*



## Huntington Hospital

*The DAISY Award*



*Recognizing  
our nurses for  
extraordinary care*



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Physician Referral: (800) 903-9233

