

DUKE HEALTH RALEIGH HOSPITAL

PATIENT / FAMILY/ VISITOR NOMINATION FORM
(Please Print or Type Clearly)

Name of Nominee: _____ RN LPN

Work Address or unit
Location: _____

Please state your reasons for nominating this Duke Health Raleigh Hospital nurse* for an Award for Excellence in Nursing by answering the following questions:

1. Please state how this nurse made such a big impression on you.

2. Why did you choose this nurse over others that took care of you or your family member(s)?

Name of person submitting nomination: _____

Address: _____ City: _____ State: _____ Zip: _____

May we call you for more information? YES NO Phone: () _____

If you are nominating more than one nurse, a separate form must be submitted for each individual.

Please call 919-954-3931 if you would like assistance filling out this form.

Nomination Deadline: July 15 (of each year)

Please mail to: Mary Graff, RN
Friends of Nursing Award
Duke Health Raleigh Hospital
3400 Wake Forest Road
Raleigh, NC 27609

Thank You!