

Want to Say Thank you to Your Nurse?



Please describe a situation in which the nurse or midwife demonstrated compassionate care how it impacted you. Please provide as much detail as possible!

Example story and more space on reverse side to continue your nomination

Nurses Name (First and Last, if Known) _____

Room # where nurse assisted you _____

Unit/Floor: _____

Your Name: _____

Date of Visit: _____

Your Email or Phone: _____

I am (please check one):

- Patient Visitor RN MD Staff Volunteer

Please submit your nomination form to:



WHEELING HOSPITAL

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