



**Describe how this team member went above and beyond to make the patient experience remarkable.**

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Thank you for taking the time to nominate a team member for this award!**

Please tell us about yourself so that we may include you in the celebration of this award should the person you nominated be chosen for the prestigious ROSE Award.

Your Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_ Date: \_\_\_\_\_  
 I am (please check one): ☐ Patient ☐ Family/Visitor ☐ Volunteer ☐ Staff ☐ Other

Please place this nomination form in one of the DAISY and ROSE boxes around the facility or mail to:  
Lucas County Health Center, Attn: Marketing, 1200 North 7<sup>th</sup> Street, Chariton, IA 50049

