

PATIENT NOMINATION FORM

I am a: Patient Family Member/Visitor

Nominate a Medical Assistant for the BEE Award!

Medical Assistant Name:	Date of Visit:
Clinic Location/Address:	Department:
To nominate an extraordinary medical assistant, p shows how this teammate made a meaningful dif- establishing a connection through kindness and si during your visit, loving their job, or showing respec-	ference by demonstrating compassion, incerity, teamwork, creating the best experience
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Submit this nomination using any method below:	
1. Hand to an Advocate Aurora teammate before you leave	e the clinic.
 Mail to Advocate South Suburban Hospital Dawn Wilczek – Medical Group Administration 17800 Kedzie Ave Hazel Crest, IL 60429 	Your Name:
3. Scan the QR code below	Phone: