THE BEE AWARD
BEING EXCEPTIONAL EVERY DAY

PATIENT NOMINATION FORM

Nominate a Medical Assistant for the BEE Award!

Medical Assistant Name:_____ **Date of Visit**:_____

Clinic Location/Address:_____ **Department**:_____

To nominate an extraordinary medical assistant, please describe a specific situation or story that shows how this teammate made a meaningful difference by demonstrating compassion, establishing a connection through kindness and sincerity, teamwork, creating the best experience during your visit, loving their job, or showing respect:

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Submit this nomination using any method below:

1. Hand to an Advocate Aurora teammate before you leave the clinic.

2. Mail to Advocate South Suburban Hospital
   Dawn Wilczek – Medical Group Administration
   17800 Kedzie Ave
   Hazel Crest, IL 60429

3. Scan the QR code below

Your Name:_____

Phone:_____

Email:_____

I am a: ☐ Patient ☐ Family Member/Visitor