Want to Say Thank You to a BCHC Team Member?



Please describe a situation in which the staff member demonstrated compassion and how it impacted you. Please provide as much detail as possible! If nominating a nurse, please fill out The DAISY Award form instead.

Please return your nomination to BCHC in person or via the mail by sending it to Buchanan County Health Center

Attn: Brittni Gipper 1600 1st St E | Independence, IA 50644

Employee's Name (First and Last, if Known)		
Your Name:		
Date of Visit:		
Your Email or Phone:		
I am (please check one):		
□ Patient □ Visitor □ RN □ MD □ Staff □ Volunt	eer	