



FOR EXTRAORDINARY TEAM MEMBERS

First Class  
Postage  
Required

## NOMINATOR INFORMATION

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

I am a :

- Patient
- Family Member/ Visitor
- Tomah Health Employee

Department: \_\_\_\_\_

- Volunteer/Community Member
- Other: \_\_\_\_\_

If you have any questions, please contact  
Executive Administrative Assistant  
at 608-377-8688.

June 2025



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## Want to Thank a Provider?

Tomah Health's Hive Award recognizes providers who have provided exceptional care and service to patients.

All providers such as Nurse Practitioners (NPs), Physician Assistants (PAs), Certified Registered Nurse Anesthetist (CRNAs), and Physicians - can be nominated for the Hive Award.

Tomah Health  
Attn: Sam Bach  
501 Gopher Drive  
Tomah, WI 54660



