

**Bay Medical Foundation  
Dr. Orlen J. Johnson Awards  
Nomination Form**

Bay Medical Foundation will be announcing the recipients of the Dr. Orlen J. Johnson Awards at their annual meeting on October 19, 2009. Three honorees will be presented the awards at the DoubleTree Hotel in downtown Bay City.

Dr. Johnson served the community for over forty years. He was dedicated to the cause of health and healing. Dr. Johnson was a general practitioner who participated in the development of quality healthcare locally and statewide. He was chief of staff at Bay City General Hospital and instrumental in the development of Bay Medical Center, which became the Bay Regional Medical Center, a part of McLaren Health Care Corporation.

The Dr. Orlen J. Johnson Awards will honor three individuals who are following in the footsteps of a man who devoted his life to helping others in his community. The Awards will be presented to individuals who have devoted their time and talent to Bay Regional Medical Center or its affiliated organizations. The Awards will honor:

- A living physician who has faithfully served his or her profession and the community and has inspired others in the healthcare field.
- A living employee who has demonstrated commitment to his or her profession by enhancing services to patients and others associated with the hospital.
- A living volunteer who has devoted his or her time and energy in support of health care and the betterment of individuals served by Bay Regional Medical Center.

**Nominations must be submitted on or before September 1, 2009. Late entries will not be accepted. Honorees will be notified by September 18, 2009. Candidates will only be evaluated on the information provided. Please type or print the form.**

**Nominee Information and Award Category**

\_\_\_\_\_ **Physician**          \_\_\_\_\_ **Employee**          \_\_\_\_\_ **Volunteer**

Nominee's Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Phone – Home \_\_\_\_\_ Office \_\_\_\_\_

Where Applicable Nominee's:  
Company / Organization \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_

Nomination Submitted By:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_  
Phone Work \_\_\_\_\_ Home \_\_\_\_\_

Return Form by September 1, 2009 to:  
Dr. Orlen J. Johnson Awards Committee  
Bay Medical Foundation  
1900 Columbus Avenue  
Bay City, Michigan 48708 c/o Maureen Groya

