

Know any great doctors?

Please tell us who they are.

Vote in the annual *Super Doctors*[®] survey (see reverse side)

MSP Communications, publisher of *Super Doctors*[®] and *Super Doctors Rising Stars*sm is excited and pleased to honor your area's accomplished doctors.

As a medical professional, you are in the best position to assist health care consumers in your area by nominating its top doctors. Register your nomination(s) by faxing the reverse side of this sheet to 800.580.3730. You do not need a cover sheet.

If you have questions or comments, contact dr.research@msp-c.com. You may e-mail nominations or a PDF version of the ballot to: ballot@msp-c.com. Please include the name of your nominee(s), their city, specialty and clinic name(s).

PLEASE NOMINATE DOCTORS IN THE FOLLOWING PRIMARY SPECIALTIES:

Allergy & Immunology	Geriatrics	Ophthalmology	Radiology
Anesthesiology	Gynecologic Oncology	Oral & Maxillofacial Surgery (NY Only)	Radiation Oncology
Cardiac Surgery	Hematology	Orthopaedic Surgery	Reproductive Endocrinology
Cardiology	Infectious Disease	Otolaryngology	Rheumatology
Colon & Rectal Surgery	Internal Medicine	Pathology	Sleep Medicine
Critical Care Medicine	Maternal/Fetal Medicine	Pediatric Surgery	Sports Medicine
Dermatology	Neonatal/Perinatal Medicine	Pediatrics	Surgery, General
Emergency Medicine	Nephrology	Physical Med/Rehabilitation	Thoracic Surgery
Endocrinology	Neurological Surgery	(Physiatry)	Transplant Surgery
Family Medicine	Neurology	Plastic Surgery	Urology
Gastroenterology	Obstetrics/Gynecology	Psychiatry	Vascular Surgery
Genetic Medicine	Oncology	Pulmonary Medicine	

Online voting available at: my.superdoctors.com

*Only physicians may nominate other physicians. We do **NOT** accept self-nominations.*

All nominations will remain confidential. Your name and nomination response will not be distributed or shared and will only be used by MSP Communications, for Super Doctors. Individual ballot responses will not be published or disseminated.


SUPERDOCTORS[®]

MSPC
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1 Please include your name, address and practice area, so that we can process your nomination(s). Only doctors may nominate other doctors.

Name

Clinic

Practice Area

Address

City, State, Zip

E-mail

Phone/Fax

2 _____
Signature (required for ballot verification) Date

3 Please nominate one or more doctors you know based on one simple question: **“If you needed medical care in one of the following specialties, which doctor would you choose?”** Nominate your peers: **A** within your specialty area, or **B** outside your specialty area. Please choose from the list below:

- | | | | |
|------------------------|-----------------------------|--|----------------------------|
| Allergy & Immunology | Geriatrics | Ophthalmology | Radiation Oncology |
| Anesthesiology | Gynecologic Oncology | Oral & Maxillofacial Surgery (NY only) | Radiology |
| Cardiac Surgery | Hematology | Orthopaedic Surgery | Reproductive Endocrinology |
| Cardiology | Infectious Disease | Otolaryngology | Rheumatology |
| Colon & Rectal Surgery | Internal Medicine | Pathology | Sleep Medicine |
| Critical Care Medicine | Maternal/Fetal Medicine | Pediatric Surgery | Sports Medicine |
| Dermatology | Neonatal/Perinatal Medicine | Pediatrics | Surgery, General |
| Emergency Medicine | Nephrology | Physical Med/Rehabilitation | Thoracic Surgery |
| Endocrinology | Neurological Surgery | (Physiatry) | Transplant Surgery |
| Family Medicine | Neurology | Plastic Surgery | Urology |
| Gastroenterology | Obstetrics/Gynecology | Psychiatry | Vascular Surgery |
| Genetic Medicine | Oncology | Pulmonary Medicine | |

A **Physicians in your specialty area** (Include the city and clinic of your nominee(s)–please write legibly):

Name	City	Clinic
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B **Physicians outside of your specialty area** (Include the city, clinic, and specialty of your nominee(s)–please write legibly):

Name	City	Clinic/Specialty
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4 **Remember to fax this form to:**

800.580.3730
You don't need a cover sheet

Questions? Contact dr.research@msp-c.com
Ballot online or by e-mail:
my.superdoctors.com
ballot@msp-c.com