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*® 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@superdoctors.com. You may e-mail nominations or a PDF version of the ballot to: ballot@superdoctors.com. Please indicate the name of your nominee(s), their city, specialty and clinic name(s).

PLEASE NOMINATE DOCTORS IN THE FOLLOWING PRIMARY SPECIALTIES:

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

*SC and NY markets only

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 Individual ballot responses will not be published or disseminated.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®

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OFFICIAL BALLOT

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

*SC and NY markets only

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

Name	City	Clinic/Specialty

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@superdoctors.com

Ballot online or by e-mail:

my.superdoctors.com

ballot@superdoctors.com