

# Know any great doctors?

## Please tell us who they are.

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Vote in the annual *Super Doctors*<sup>®</sup> survey (see reverse side)

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MSP Communications, publisher of *Super Doctors*<sup>®</sup> and *Super Doctors Rising Stars*<sup>sm</sup> 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](mailto:dr.research@msp-c.com). You may e-mail nominations or a PDF version of the ballot to: [ballot@msp-c.com](mailto: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  
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  
Radiation Oncology

Radiology  
Reproductive Endocrinology  
Rheumatology  
Sleep Medicine  
Sports Medicine  
Surgery, General  
Thoracic Surgery  
Transplant Surgery  
Urology  
Urogynecology  
Vascular Surgery  
Oral and Maxillofacial

*\*SC and NY markets only*

**Online voting available at: [my.superdoctors.com](http://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 Individual ballot responses will not be published or disseminated.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<sup>®</sup>**

**MSPC**  
content elevated

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

**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](mailto:dr.research@msp-c.com)  
**Ballot online or by e-mail:**  
[my.superdoctors.com](http://my.superdoctors.com)  
[ballot@msp-c.com](mailto:ballot@msp-c.com)