

Know any great doctors?

Please tell us who they are

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

Key Professional Media, Inc., publisher of *Super Doctors*[®] 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 best doctors. Register your nomination(s) by faxing the reverse side of this sheet to 1 (800) 580-3730. You do not need a cover sheet.

If you have questions or comments, contact dr.research@keypromedia.com. You may e-mail nominations or a PDF version of the ballot to: ballot@keypromedia.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	Infectious Disease	Pediatrics	Surgery, Cosmetic/Reconstructive
Anesthesiology	Internal Medicine	Physical Med/Rehab (Physiatry)	Surgery, General
Cardiology	Maternal/Fetal Medicine	Psychiatry	Surgery, Neurological
Critical Care Medicine	Neonatal/Perinatal Medicine	Pulmonary Medicine	Surgery, Orthopedic
Dermatology	Nephrology	Radiology	Surgery, Pediatric
Emergency Medicine	Neurology	Reproductive Endocrinology	Surgery, Thoracic
Endocrinology	Obstetrics/Gynecology	Rheumatology	Surgery, Transplant
Family Medicine	Oncology	Sleep Medicine	Surgery, Vascular
Gastroenterology	Ophthalmology	Sports Medicine	Urology
Geriatrics	Otolaryngology	Surgery, Cardiac	
Hematology	Pathology	Surgery, Colon & Rectal	

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 Key Professional Media, Inc., for *Super Doctors*. Individual ballot responses will not be published or disseminated.

Super Doctors[®]

KEY PROFESSIONAL
MEDIA, INC.

Metro Area Balloting for:

Nominate doctors below. All nominations will remain confidential. For more details, see reverse side.

- 1** Please include your name, address, and medical specialty, so that we can process your nomination(s). Only physicians may nominate other physicians.

Name

Clinic

Medical Specialty

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
Cardiology
Critical Care Medicine
Dermatology
Emergency Medicine
Endocrinology
Family Medicine
Gastroenterology
Geriatrics
Hematology

Infectious Disease
Internal Medicine
Maternal/Fetal Medicine
Neonatal/Perinatal Medicine
Nephrology
Neurology
Obstetrics/Gynecology
Oncology
Ophthalmology
Otolaryngology
Pathology

Pediatrics
Physical Med/Rehab (Physiatry)
Psychiatry
Pulmonary Medicine
Radiology
Reproductive Endocrinology
Rheumatology
Sleep Medicine
Sports Medicine
Surgery, Cardiac
Surgery, Colon & Rectal

Surgery, Cosmetic/Reconstructive
Surgery, General
Surgery, Neurological
Surgery, Orthopedic
Surgery, Pediatric
Surgery, Thoracic
Surgery, Transplant
Surgery, Vascular
Urology

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

Name	City	Clinic
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Name	City	Clinic/Specialty
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

(800) 580-3730
You don't need a cover sheet

Questions? Contact dr.research@keypromedia.com

Ballot online or by e-mail:
my.superdoctors.com
ballot@keypromedia.com