

Know any great dentists?

Please tell us who they are.

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

MSP Communications, publisher of *Super Dentists*[®] is excited and pleased to honor your area's accomplished dentists.

As a dental professional, you are in the best position to assist dental care consumers in your area by nominating its top dentists. 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, contact research@superdentists.com. You may e-mail nominations or a PDF version of the ballot to: ballot@mspcagency.com. Please indicate the name of your nominee(s), their city, practice area and clinic name(s).

PLEASE NOMINATE DENTISTS IN THE FOLLOWING CATEGORIES:

| | |
|--------------------------------|-------------------|
| Endodontist | Pediatric Dentist |
| General Practice Dentist | Periodontist |
| Oral and Maxillofacial Surgeon | Prosthodontist |
| Orthodontist | |

*Only dentists may nominate other dentists. 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 Dentists. Individual ballot responses will not be published or disseminated.

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SUPERDENTISTS[®]

mspc

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

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 dentists you know based on one simple question:
“If you needed dental care, which dentist would you choose in the following categories?”

General Practice Dentists:

Name

City

Office

Pediatric Dentists:

Name

City

Office

Prosthodontists:

Name

City

Office

Periodontists:

Name

City

Office

Orthodontists:

Name

City

Office

Oral and Maxillofacial Surgeons:

Name

City

Office

Endodontists:

Name

City

Office

4 Remember to fax this form to:
800.580.3730
 You don't need a cover sheet

Questions? Contact research@superdentists.com
Ballot by e-mail: ballot@mspcagency.com