

Nominations may be submitted in various formats (word document, email, handwritten letter, etc.), as long as it contains the information requested for the applicable award. Alternatively, you may use this form to submit your nomination.



## Overview:

Our Patients' Choice Award is a fantastic opportunity for you to help us acknowledge and celebrate outstanding physicians and unsung heroes.

Have you, your family member or a friend had exceptional care from a PEI physician? Did this physician go "above and beyond" in his/her role to care for you or your loved one? Please nominate a PEI physician who has made a real difference to you or your loved one.

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## Criteria:

Consistently provides patient-first care.

Exemplifies a commitment to the patient and family's well-being and honours their role as essential partners in their own health care.

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## Tips for writing your nomination:

*Please describe how your doctor has provided exceptional care to you, your family members or your friends. Give examples, when possible and appropriate.*

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**Name:**

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**Email/Phone:**

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**Physician Name:**

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Describe why you feel your doctor provides you (or a family member) with exceptional care?

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What does it mean to you to have a doctor like this?

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What three words would you use to describe your doctor?

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Please share anything else you would like to about your experiences with this physician (i.e. a story, or examples of how exceptional care was provided).

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**Submission guidelines:**

Nominations may be submitted by a patient, family member or friend of the patient. Nominations can be submitted in the form of an online form, letter or email.

Closing date for entries: Midnight, September 21, 2017.

Email: [awards@mspei.org](mailto:awards@mspei.org) Online Form: [mspei.org/p1](http://mspei.org/p1)

Mail: Medical Society of PEI, 2 Myrtle Street, Stratford, PE, C1B 2W2