



HEALTHCARE PROVIDER OF THE YEAR AWARD

To nominate an outstanding healthcare provider for this award, please provide the following information and submit via email to nhf1970@headaches.org or to the address indicated at the end of this form. Postmark, submit online or deliver no later than March 14, 2008.

NOMINEE INFORMATION

Name of nominee: _____

Specialty: _____ Professional Credentials (i.e., M.D., D.O.): _____

Business address: _____

Daytime phone number: _____ Fax: _____ Email: _____

Type of practice (check one):

Private _____ Group _____ Hospital _____ HMO/PPO _____

NOMINATOR INFORMATION

Nominated By: _____

Relationship to the Nominee: _____

If a patient, what is your diagnosis? _____ # of years with this provider: _____

Nominator's complete address: _____

Daytime Phone: _____ Fax: _____ Email: _____

NOMINATION

Please provide a summary of **no more than 2 pages**, double spaced, describing why you feel this nominee is deserving of the Healthcare Provider of the Year Award. **Please cite specific examples of exceptional services and care.**

**National Headache Foundation
Healthcare Provider of the Year
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www.headaches.org – nhf1970@headaches.org - 888-NHF-5552**