



PHYSICIAN OF THE MONTH NOMINATION

Please take a moment to nominate the physician that Wows you!

Nominations should be based on criteria such as consistent quality, attitude, professionalism, compassion, and going “above and beyond” what is reasonably expected. Lee Memorial Health System wants to recognize physicians who exemplify these qualities of excellence.

Physician’s Name: _____

Specialty: _____

Reason for Nomination: _____

Name (optional): _____

*Dept/Area: _____

*Your Facility/Location: _____

*Award presentations are customarily scheduled in the unit where the most nominations are received.

Please fax nomination to 239-343-6677, e-mail to POM@leememorial.org or interoffice mail to Medical Staff Services @ HPMC.

