

MEDICAL SPECIALTIES AND SUBSPECIALTIES

(Please check the specialties and subspecialties offered at the hospital)

<input type="checkbox"/> General Hospital	<input type="checkbox"/> Rural General Hospital	<input type="checkbox"/> Special Hospital
<input type="checkbox"/> Abortion Services		
<input type="checkbox"/> Burn Unit		<input type="checkbox"/> Pulmonology
<input type="checkbox"/> Cardiology		<input type="checkbox"/> Pediatric (Continued):
<input type="checkbox"/> Dermatology		<input type="checkbox"/> Surgery
<input type="checkbox"/> Endocrinology		<input type="checkbox"/> Other _____
<input type="checkbox"/> Gastroenterology		<input type="checkbox"/> Psychiatry
<input type="checkbox"/> Gynecology		<input type="checkbox"/> Radiology:
<input type="checkbox"/> Hematology		<input type="checkbox"/> Interventional
<input type="checkbox"/> Immunology		<input type="checkbox"/> Radiation
<input type="checkbox"/> Infectious Disease		<input type="checkbox"/> Rehabilitation, Physical
<input type="checkbox"/> Intensive Care:		<input type="checkbox"/> Renal Dialysis, Inpatient
<input type="checkbox"/> <input type="checkbox"/> Cardiovascular ICU		<input type="checkbox"/> Rheumatology
<input type="checkbox"/> <input type="checkbox"/> Medical ICU		<input type="checkbox"/> Surgery:
<input type="checkbox"/> <input type="checkbox"/> Neonatal ICU		<input type="checkbox"/> <input type="checkbox"/> Cardiac
<input type="checkbox"/> <input type="checkbox"/> Neurological ICU		<input type="checkbox"/> <input type="checkbox"/> Gastrointestinal
<input type="checkbox"/> <input type="checkbox"/> Pediatric ICU		<input type="checkbox"/> <input type="checkbox"/> General
<input type="checkbox"/> <input type="checkbox"/> Surgical ICU		<input type="checkbox"/> <input type="checkbox"/> Gynecologic
<input type="checkbox"/> <input type="checkbox"/> Other _____		<input type="checkbox"/> <input type="checkbox"/> Neurological
<input type="checkbox"/> Neonatology		<input type="checkbox"/> <input type="checkbox"/> Oral and Maxillofacial
<input type="checkbox"/> Gerontology		<input type="checkbox"/> <input type="checkbox"/> Orthopedic
<input type="checkbox"/> Nephrology		<input type="checkbox"/> <input type="checkbox"/> Plastic
<input type="checkbox"/> Neurology		<input type="checkbox"/> <input type="checkbox"/> Thoracic
<input type="checkbox"/> Oncology		<input type="checkbox"/> <input type="checkbox"/> Transplant:
<input type="checkbox"/> Ophthalmology		<input type="checkbox"/> <input type="checkbox"/> Kidney
<input type="checkbox"/> Orthopedics		<input type="checkbox"/> <input type="checkbox"/> Liver
<input type="checkbox"/> Otolaryngology		<input type="checkbox"/> <input type="checkbox"/> Lung
<input type="checkbox"/> Pediatric:		<input type="checkbox"/> <input type="checkbox"/> Heart
<input type="checkbox"/> <input type="checkbox"/> Cardiology		<input type="checkbox"/> <input type="checkbox"/> Other
<input type="checkbox"/> <input type="checkbox"/> Endocrinology		<input type="checkbox"/> <input type="checkbox"/> Vascular
<input type="checkbox"/> <input type="checkbox"/> Gastroenterology		<input type="checkbox"/> <input type="checkbox"/> Urology
<input type="checkbox"/> <input type="checkbox"/> Hematology/Oncology		<input type="checkbox"/> <input type="checkbox"/> Vascular
<input type="checkbox"/> <input type="checkbox"/> Nephrology		<input type="checkbox"/> <input type="checkbox"/> Other _____
<input type="checkbox"/> <input type="checkbox"/> Neurology		<input type="checkbox"/> <input type="checkbox"/> Other _____
<input type="checkbox"/> <input type="checkbox"/> Orthopedics		<input type="checkbox"/> <input type="checkbox"/> Other _____
<input type="checkbox"/> <input type="checkbox"/> Plastics		<input type="checkbox"/> <input type="checkbox"/> Other _____
<input type="checkbox"/> <input type="checkbox"/> Psychiatry		