Dear Neighbor:

At Carroll Hospital, we understand how important it is to select the right provider for your health needs. Our affiliated physicians, physician assistants and nurse practitioners are skilled professionals who provide compassionate care while using the latest in medical treatment and technology. Additionally, they meet strict criteria in order to be affiliated with our hospital.

We are pleased to present to you our physician directory. This online resource delivers the most up-to-date information on our more than 400 providers who represent more than 38 medical specialties and includes Carroll Hospital medical staff as well as Carroll Health Group providers, a multi-specialty practice affiliated with the hospital.

The directory’s print-on-demand feature allows you to download and print the entire guide, or portions of it, anytime you need it. We are confident this directory will provide you with timely, accurate and tailored information to address your needs.

For more information on a physician or provider, call our physician referral line at 410-871-7000, weekdays, 8:30 a.m. – 4:30 p.m., or visit physicians.CarrollHospitalCenter.org to search our online directory for a provider near you.

Sarah Lentz, M.D.

President, Carroll Hospital Medical Staff
LifeBridge Health Partners

LifeBridge Health has partnered with reputable health-related businesses throughout the region. These partnerships allow for LifeBridge Health to enhance the quality of service provided for you and your family.

Our professional health partners can assist you with a variety of medically related services including rehabilitation services, radiology, urgent care, home health and more.

To view the complete list of LifeBridge Health Partners or to learn more about contacting a health care partner in your region, please visit:

LifeBridgeHealth.org/businesspartners

Department Chiefs:

Christos Ballas, M.D., Department of OB/GYN
Christopher Grove, M.D., Department of Pathology
Kiran Kuna, M.D., Department of Anesthesiology
Leonid Levin, M.D., Department of Psychiatry
Bertan Oggun, M.D., Department of Diagnostic Imaging
Cynthia Roldan, M.D., Department of Pediatrics
Jed Rosen, M.D., Department of Surgery
Mircea Todor, M.D., Department of Medicine
Drewry White, M.D., Department of Emergency Medicine
Think your health care provider is terrific? Tell us about it!

At Carroll Hospital, we know our providers are great. But perhaps you have a personal story to share of how your physician or provider exceeded your expectations while caring for you or someone close to you. Each month, Carroll Hospital recognizes the extraordinary patient care achievements of physicians, as well as physician assistants, nurse practitioners and certified nurse anesthetists, with a program called WOW Service Awards. These medical professionals, in addition to being excellent practitioners, also demonstrate special dedication and devotion to their patients in a variety of ways. From those who receive WOW Service Awards, one Physician or Advanced Practice Provider of the Month is chosen. And, from a year’s worth of Physician or Provider of the Month winners, one Physician of the Year and one Advanced Practice Provider of the Year is selected.

To nominate a medical professional for a WOW Service Award, please complete the form below and mail it to: Carroll Hospital, Medical Affairs, 200 Memorial Avenue, Westminster, MD 21157. You may call Medical Affairs at 410-871-6899 for further assistance. When submitting your nomination, please describe a SPECIFIC EVENT that clearly demonstrates how your health care provider exceeded your expectations in some way. Letters are acceptable as long as they follow the general guidelines of the nomination form. An online nomination form is available at CarrollHospitalCenter.org/nominations

So, go on! Let your provider know that his or her efforts to provide skilled, compassionate care to you and your loved ones do not go unnoticed. Who knows? He or she may be Carroll Hospital’s next Physician or Advanced Practice Provider of the Year.

Submitted by (required):
_______________________________________________________________________________________________________________________

Phone: __________________________________________________________________________________________________________

Date: __________________________________________________________________________________________________________

Name of Provider: __________________________________________________________________________________________________

Please describe a specific event that demonstrates how your health care provider has exceeded your expectations;
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
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*All information contained in this document is the property of Carroll Hospital.*
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