



REFERRAL FORM

Web: dosehealth.com
Email: referrals@dosehealth.com
Referrals: 844.300.6212
Fax: 844.525.0515
NPI# 1891155909

Date

I am a:

Waiver Case Manager | Service Coordinator

Nurse | Nursing Case Manager

Family Member | Client

Other:

Choose the Services Requested:

Dose Remind | \$15/month
Phone and text reminders with custom messages

Dose Flip | \$60/month
Lockable smart pill box to help safely manage medications

Optional Equipment | No charge

Adaptive Flipper Adaptive Flipper + Anti Throw Extra Tray Refilling Disk Stand

Dose PERS | \$30/month
Portable ERS used inside and outside with 2-way talk through pendant support

Dose PERS+ | \$45/month
Dose PERS with Fall Detection and GPS Tracking for caregivers to locate 24/7 on web, mobile app, or via

Client Information:

Name Date of Birth

Phone Member ID/PMI

Address

City State Zip

Person we can contact to help setup the service(s) requested:

Name Relationship

Phone Organization

Waiver Case Manager | Service Coordinator:

Name Phone

Email

Extra Notes:

**PLEASE COMPLETE AND EMAIL (USING YOUR SECURE EMAIL CLIENT)
TO referrals@dosehealth.com OR FAX TO 844.525.0515**

After submitting the referral form:

1. We will contact you to confirm the referral was received.
2. We will contact the person responsible for approval/filling medications to confirm services/setup.
3. We will follow up with you after everything is setup. Thank you for the referral!