



# REFERRAL FORM

Web: [dosehealth.com](http://dosehealth.com)  
Email: [referrals@dosehealth.com](mailto:referrals@dosehealth.com)  
Referrals: 844.300.6212  
Fax: 844.525.0515  
NPI# 1891155909

Date

I am a:

**Waiver Case Manager | Waiver Care Coordinator**

**Nurse | Nursing Case Manager**

**Family Member | Client**

**Other:**

**Choose the Services Requested:** The yearly billing option shown includes a one month free trial

**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:

<b>Name</b>	<input type="text"/>	<b>Date of Birth</b>	<input type="text"/>
<b>Phone</b>	<input type="text"/>	<b>Member ID/PMI</b>	<input type="text"/>
<b>Address</b>	<input type="text"/>		
<b>City</b>	<input type="text"/>	<b>State</b>	<input type="text"/>
		<b>Zip</b>	<input type="text"/>

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

<b>Name</b>	<input type="text"/>	<b>Relationship</b>	<input type="text"/>
<b>Phone</b>	<input type="text"/>	<b>Organization</b>	<input type="text"/>
<b>Contact Client if Caregiver Doesn't Respond?</b>	Yes	No	

## Waiver Case Manager | Care Coordinator:

<b>Name</b>	<input type="text"/>	<b>Phone</b>	<input type="text"/>
<b>Email</b>	<input type="text"/>		

## Extra Notes:

**PLEASE COMPLETE AND EMAIL (USING YOUR SECURE EMAIL CLIENT)  
TO [referrals@dosehealth.com](mailto: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!