

NOSS

NIGHT OWL SUPPORT SYSTEMS, LLC

DOSE HEALTH MED DISPENSER

Device Information

The DOSE Health Medication Dispenser is a smart device used to help facilitate the self-administration of medications for people with intellectual and developmental disabilities.

Each DOSE Med Dispenser comes with three refillable trays. The trays each have fourteen sections which can be filled with medications. The large number of sections gives an individual and their team options when it comes to filling the device. If an individual takes morning and evening meds, one tray will be able to dispense meds without refilling for a week. If the individual only takes medications once a day, it can dispense for two weeks without a refill.



The DOSE Flip is a smart pill box that can help anyone take the right meds at the right times.

The DOSE Med Dispenser sends alerts if meds have not been accessed within the time frame designated by the team. It also sends notifications if the top is unscrewed and if the tray needs to be refilled.

At the scheduled time, the DOSE Flip will sound an alarm and flash a light. To dispense, the individual simply flips the pill box over into their hand or a cup and takes the medication. If the medications have not been accessed, the beeping repeats at 30, 60, and 90 minutes. Once two hours have elapsed without the meds being accessed, the device re-locks and closes.

Service Information

NOSS provides two separate services with the rental of a DOSE Med Dispenser: self-monitored and NOSS-monitored. If self-monitored is selected on the referral form, then all notifications from the DOSE Med Dispenser will be directly sent to the selected contact person via text message. Notifications are not sent to NOSS' monitoring station with this service selection.

With the NOSS-monitored service selection, alerts from the DOSE Med Dispenser are sent directly to NOSS' central monitoring station. From there, our staff reach out to the selected contacts via phone call to ensure clear communication about medication activity. Additionally, with the NOSS-monitored service teams have the ability to receive daily, weekly, or monthly reports about medication dispensation activity.

MED DISPENSER REFERRAL FORM

Individual Information:

Name:	<input type="text"/>	DOB:	<input type="text"/>
Address:	<input type="text"/>	Phone:	<input type="text"/>
Gender:	<input type="text"/>	Ethnicity:	<input type="text"/>

Shipping Information: (If shipping address is different from address listed above)

Name:	<input type="text"/>	Address:	<input type="text"/>
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Service Selection:

Self-Monitored DOSE Med Dispenser	\$60 per month	NOSS-Monitored DOSE Med Dispenser	\$65 per month
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Additional devices are available upon request for an additional fee.

Medication Information:

List Number of Medications Taken at Each Time During the Day: (ex. three pills at 8a, 4 pills at 12p, two pills at 7p)

Notification & Contact Information: (Only required if NOSS-Monitored service is selected)

Time Individual Has to Take Meds Before Notification is Sent:	15 Minutes	30 Minutes	60 Minutes
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Name:	<input type="text"/>	Phone:	<input type="text"/>
Name:	<input type="text"/>	Phone:	<input type="text"/>
Name:	<input type="text"/>	Phone:	<input type="text"/>

If NOSS-monitored service is selected, how frequently should med activity reports be sent?	Daily	Weekly	Monthly
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Name:	<input type="text"/>	Email:	<input type="text"/>
Name:	<input type="text"/>	Email:	<input type="text"/>
Name:	<input type="text"/>	Email:	<input type="text"/>

Referral Information:

How Did You Hear About NOSS Services?

Person Completing Referral:	<input type="text"/>		
Phone:	<input type="text"/>	Email:	<input type="text"/>
Relationship:	<input type="text"/>	Date of Referral:	<input type="text"/>

Thank you for completing a referral for NOSS services.
A representative will contact you shortly!

