



## Referral Sheet

I, \_\_\_\_\_, MD/DO/NP/PA at  
\_\_\_\_\_(Practice/MSO/ACO), would like to refer patient,  
\_\_\_\_\_(Name), DOB \_\_\_\_\_ to Duxlink Health for  
High-Risk Care during the COVID-19 Outbreak to help our Practices to care  
for the Patient. The Patient currently is in \_\_\_\_\_ (Insurance)  
\_\_\_\_\_(Care Plan). The Member # \_\_\_\_\_

Referral: 1. Limited: \_\_\_\_\_ for 3 Referrals

2. Specialty Care (see Note below): Please circle one for 15 / 30 / 60  
/90 Days (Humana ONLY)

Signature: \_\_\_\_\_ MD/DO/NP/PA

Date: \_\_\_\_\_

### Notes for Humana Patients ONLY:

1. A Special COVID 24/7 is available at Home for Specialty Monitoring and Care (15 days).
2. A 24/7 High-Risk Care with Cardiology or Pulmonary (60 or 90 days) Specialty Monitoring and Care services might be available at your home, if you have more than 3 hospital admissions in 2019 with cardiac or pulmonary conditions. Please contact your primary care physician to sign and send to us by Fax.

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