






Pen Needle Prescription Change Request

Dear Doctor,
Please change my needle prescription to NovoFine® Plus 32G 4 mm needles from Novo Nordisk—one of their shortest and thinnest needles available. Once I have my new prescription, if eligible, I can download a coupon at NovoNordiskNeedles.com to get my first box FREE.^a

NovoFine® Plus 32G 4 mm needles:

-  **Universal Fit**
Fits all currently available insulin pens and some GLP-1 receptor agonist pens^b
-  **SuperFlow™ Technology**
Designed to enhance flow rates and reduce dosage force
-  **Ultra-short and ultra-thin**
Designed for less pain
-  **Flat Base Technology**
Designed to improve skin contact and comfort
-  **Ultra-strong**
Designed to resist bending or breaking



NovoFine® Plus

^aRestrictions apply. For more information, visit NovoNordiskNeedles.com/eligibility.

^bCurrent as of March 1, 2015.

This section to be completed by doctor's office:

Dear Pharmacist,

Please change _____ pen needle prescription to:
(Patient's name)

NovoFine® Plus 32G Pen Needles^c
4 mm x 32G, 100-count box, NDC #: 00169-1855-50

^cNeedles are sold separately and may require a prescription in some states.

This section to be completed by patient:

Pharmacy name: _____

Address: _____
(Street) (City) (State) (Zip)

Pharmacy fax number: _____ Pharmacy phone number: _____

Patient name: _____

Address: _____
(Street) (City) (State) (Zip)

Date of birth: _____ Phone number: _____