

Pen Needle Prescription Change Request

Dear Doctor,
Please change my needle prescription to NovoFine® 32G Tip 6 mm needles from Novo Nordisk. It's one of their 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® 32G Tip needles:



Universal Fit

Fits all currently available insulin pens and some GLP-1 receptor agonist pens^b



SuperFlow™ Technology

Designed to improve insulin flow



novoFine®

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

^bCurrent as of March 1, 2015.

This section completed by doctor's office:

Dear Pharmacist,

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

NovoFine® 32G Tip Pen Needles^c
6 mm x 32G, 100-count box, NDC #: 00169-1851-89

^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: _____

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Printed in the U.S.A.

0615-00027557-1

August 2015

