




Pen Needle Prescription Change Request



Dear Doctor,
Please change my needle prescription to NovoTwist® 32G Tip 5 mm needles from Novo Nordisk—they twist on and are 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

NovoTwist® 32G Tip needles:

-  **SuperFlow™ Technology**
Designed to enhance flow rates and reduce dosage force
-  **A "Just Twist" Needle**
With an audible click to confirm attachment
-  **Flat Base**
Designed for improved skin contact and comfort

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



NovoTwist®

Specifically designed to work only with Novo Nordisk diabetes pens

This section completed by doctor's office:

Dear Pharmacist,

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

NovoTwist® 32G Tip Pen Needles^b

5 mm x 32G, 100-count box, NDC#: 00169-1853-89

^bNeedles 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: _____

NovoTwist® is a registered trademark and SuperFlow™ is a trademark of Novo Nordisk A/S.

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