

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, I may be eligible to receive my first box of NovoFine® Plus 32G 4 mm pen needles for free.^a

NovoFine® Plus 32G 4 mm needles:



Universal Fit

Can be used with pen injector devices for subcutaneous injection of drugs^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

^aSavings Card Eligibility and Restrictions apply. For more information, visit <https://www.novocare.com/diabetes-overview/savings-offers.html>.

^bCurrent as of June 1, 2022.

This section to be completed by doctor's office:

Dear Pharmacist,

Please change _____'s 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: _____

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

Novo Nordisk is a registered trademark of Novo Nordisk A/S.

© 2022 Novo Nordisk All rights reserved. US22NFP00001 July 2022

