

Pen Needle
Prescription
Change Request

Unifine[®] Pentips[®]

Pen Needles



Dear Doctor,

Would you please change my pen needle prescription to Unifine Pentips pen needles? Designed with patient comfort in mind, these are the only pen needles featuring OptiFlow™ and DiamondPoint™ technologies for low glide and penetration force¹. They universally fit most injection pens² and are covered under most insurance plans³.

Savings Tip \$

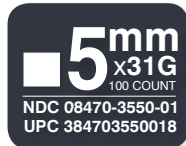
Sometimes diabetes supplies are less expensive when you purchase them at retail price. Always ask your pharmacist for the cash price in addition to your out of pocket co-pay price. You may discover it's more cost effective to purchase outside of insurance.

This section is to be completed by a physician's office:

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

Unifine Pentips Pen Needles, 100 Count:

Size Preference
(Mark with an 'X')



Dispense as written Do not substitute Refill _____

Physician signature: _____
Address: _____
Phone: _____
DEA#: _____
Date: _____

This section is to be completed by the patient:

Pharmacy Name: _____
Pharmacy Fax Number: _____
Pharmacy Phone Number: _____
Patient Name: _____ Date of Birth: _____
Address: _____
(Street) (City) (State) (Zip)

Return this completed form to your preferred pharmacy.

¹Independent test by Melab GMBH 2014. ²Data on file. ³Independent and chain pharmacy co-pay adjudication (April 2016). Actual coverage and co-pay may vary from setting to setting, and insurer to insurer. Data on file. UPRXCHANGEREQ/OMI/0117/1/US