

# Unifine<sup>®</sup> Pentips<sup>®</sup> Plus

Pen Needles with a Built-In Remover

Pen Needle  
Prescription  
Change Request

# easier.



Dear Doctor,  
Would you please change my pen needle prescription to Unifine Pentips Plus? Unifine Pentips Plus pen needles feature a built-in pen needle remover designed to make pen needle attachment and removal easier, safer and more convenient\*.

## Savings Tip \$

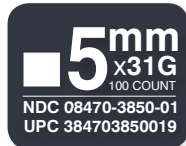
Sometimes diabetes supplies are less expensive when you purchase them at retail price. Always ask your pharmacist for the cash price in addition to your out of pocket co-pay price. You may discover it's more cost effective to purchase outside of insurance.

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

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

### Unifine Pentips Plus 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.