

**Patient Information** *(to be completed by the Patient)*



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Samples Requested** *(indicate sample preference by placing an 'x' in far right column)*

Product Description	Specification	X
<b>Unifine Pentips<sup>Plus</sup></b> Pen Needles with a Built-in Remover  <b>It's no ordinary pen needle.</b> Meet the pen needle with a built-in removal chamber, designed to make pen needle removal easier, safer and more convenient!  <small>1. HRW (2014) Impact of Unifine Pentips Plus on pen needle changing behaviour amongst people with diabetes medicating with injectable formats</small> 	4mm x 33G (Ultra-Micro)	
	4mm x 32G (Micro)	
	5mm x 31G (Mini)	
	5mm x 30G (Max-Flow)	
	6mm x 31G (Ultra-Short)	
	8mm x 31G (Short)	
<b>Unifine Pentips<sup>®</sup></b> Pen Needles  <b>A reliable choice for patients.</b> Our standard pen needle line offers exceptional quality and performance in a broad range of sizes to meet the needs of nearly any patient. 	4mm x 33G (Ultra-Micro)	
	4mm x 32G (Micro)	
	5mm x 31G (Mini)	
	5mm x 30G (Max-Flow)	
	6mm x 32G (Ultra-Thin)	
	6mm x 31G (Ultra-Short)	
	8mm x 31G (Short)	

*Although shorter needle lengths and thinner needle gauges are designed to deliver enhanced patient comfort, please be sure to always consult your healthcare professional before changing needle lengths. Please allow 8-10 weeks for delivery of samples. Available while supplies last. Offer valid in U.S. only.*

**Healthcare Provider Information** *(to be completed by the Pharmacist or Physician)*

Note: Your patient would like to sample Unifine pen needle products as part of their injection therapy routine. To approve, please review the request above, complete the section below and return via email (samples@owenmumfordinc.com) or fax (770-977-2866). Samples will be mailed to your facility along with a copy of this form. Once received, please follow-up with your patient to alert them that their samples are available for pick-up.

PHARMACY/HOSPITAL: \_\_\_\_\_

PRESCRIBER: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**REQUEST FOR ADDITIONAL SAMPLES** Owen Mumford is happy to provide additional free patient samples for prescribers to distribute in accordance with their own discretion. To receive additional samples please check here.

