

**PEN NEEDLE
PRESCRIPTION
CHANGE
REQUEST**



Unifine[®] Pentips[®] Plus
easier.

The only pen needle *plus* a built-in remover.

Dear Doctor,

I am interested in switching my pen needle prescription to Unifine Pentips Plus, the pen needle designed to make pen needle attachment and removal easier, safer and more convenient¹. If you could please complete the below, I would greatly appreciate it.

Thank you!

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

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

Unifine Pentips Plus Pen Needles, 100 Count (please indicate size preference):

Ultra-Micro **4mm×33G** NDC: 08470-3860-01
 Micro **4mm×32G** NDC: 08470-3840-01
 Mini **5mm×31G** NDC: 08470-3850-01
 Max-Flow **5mm×30G** NDC: 08470-3855-01
 Ultra-Short **6mm×31G** NDC: 08470-3890-01
 Short **8mm×31G** NDC: 08470-3830-01

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)

Please return this completed form to your preferred pharmacy.

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1. HRW (2014) Impact of Unifine Pentips Plus on pen needle changing behaviour amongst people with diabetes medicating with injectable formats. 2. Complete compatibility information available on owenmumford.com 6.Independent 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.