



DIABETES EDUCATION / SAMPLES ORDER FORM
(ALL SAMPLES ARE COMPLIMENTARY)

SYRINGE TAKE HOME KITS (10 per case / limit 2 cases per size)

- _____ 328238 BD Ultra-Fine™ 3/10cc Syringe (30g x 1/2")
- _____ 328237 BD Ultra-Fine™ 1/2cc Syringe (30g x 1/2")
- _____ 328241 BD Ultra-Fine™ 1 cc Syringe (30g x 1/2")
- _____ 328277 BD Ultra-Fine™II 3/10cc Syringe (31g x 5/16")
- _____ 328276 BD Ultra-Fine™II 1/2cc Syringe (31g x 5/16")
- _____ 328296 BD Ultra-Fine™II 3/10cc Syringe (31g x 5/16") Half-Unit-Scale

PEN NEEDLE TAKE HOME KITS (10 per case / limit 2 cases per size)

- _____ 320169 BD Ultra-Fine™ Original 29G x 1/2" (12.7mm)
- _____ 320170 BD Ultra-Fine™III Short 31G x 5/16" (8mm)
- _____ 320171 BD Ultra-Fine™III Mini 31G x 3/16" (5mm)

SYRINGE SAMPLE PACKS (limit 1 box per size)

- _____ 328286 BD Ultra-Fine™ 3/10cc Syringe (30g x 1/2") - 100 per box
- _____ 328285 BD Ultra-Fine™ 1/2cc Syringe (30g x 1/2") - 100 per box
- _____ 328292 BD Ultra-Fine™ 1 cc Syringe (30g x 1/2") - 100 per box
- _____ 328288 BD Ultra-Fine™II 3/10cc Syringe (31g x 5/16") - 100 per box
- _____ 328287 BD Ultra-Fine™II 1/2cc Syringe (31g x 5/16") - 100 per box
- _____ 328293 BD Ultra-Fine™ II 1cc Syringe (31G x 5/16") - 100 per box
- _____ 328295 BD Ultra-Fine™II 3/10cc Syringe (31g x 5/16") Half-Unit-Scale - 100 per box

PEN NEEDLE SAMPLE PACKS (limit 1 box per size)

- _____ 320326 BD Ultra-Fine™ Original 29G x 1/2"(50 per box)
- _____ 320112 BD Ultra-Fine™III Short 31G x 5/16"(50 per box)
- _____ 320367 BD Ultra-Fine™III Mini 31G x 3/16"(50 per box)

How many NEW TO INSULIN patients do you have per month?

___ Unknown ___ 0-4 ___ 5-9 ___ 10-19 ___ 20+

If you are no longer interested in periodically receiving order forms or other information by fax from BD Medical - Diabetes Care, Health Care Professional Services, please initial here _____ and fax this form toll free to (877) 236-6349 or call toll free (888) 367-9539.

PLEASE FAX ORDER TO: 201-847-4111 OR CALL 1-888-367-9539

NAME OF FACILITY _____

ATTN _____ MEDICAL LICENSE # _____ (REQ IF NOT A HOSPITAL)

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ E-MAIL ADDRESS _____