



## For faster processing, did you remember to?

- Have your patient's parent or guardian sign the form (see "Patient Authorization")
- Attach a copy of both sides of patient's insurance card(s)
- Indicate which FDA-approved diagnosis applies to this patient (see "Diagnosis")
- Select the type and amount of NovoFine® needles\* (see "Prescription")
- Select the number of refills (see "Dose")
- Fax the reverse side



Norditropin NordiFlex®  
5 mg/1.5 mL



Norditropin NordiFlex®  
10 mg/1.5 mL



Norditropin NordiFlex®  
15 mg/1.5 mL



NordiFlex PenMate®



NordiPen®  
5 mg/1.5 mL



NordiPen®  
15 mg/1.5 mL



NordiPenMate®

\*Needles may require a prescription in some states.

**Please see Important Safety Information on back cover.**

**Please see Prescribing Information on reverse side of cover.**

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