



**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 \_\_\_\_\_