

**Mr./ Ms. \_\_\_\_\_ has diabetes.**

**He/She always has to carry human insulin to control his/her blood glucose level.**



**These are disposable insulin injectors that contain Human insulin.**

Signature : \_\_\_\_\_, M.D. Date: \_\_\_\_\_

(Print name: \_\_\_\_\_)

Clinic or Hospital : \_\_\_\_\_.

If you have any questions with above human insulin injectors, please contact health care professional, or contact Lilly Answers for further assistance.

**Lilly Answers : +81 - 78 - 242 - 3499**

**Marketed by**

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