

Mr./ Ms._____has diabetes.

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



These pens use replaceable human insulin or analog insulin (insulin lispro/insulin glargine) cartridges.

Signature : _____, M.D. Date: _____

(Print name: _____)

Clinic or Hospital : _____.

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

Lilly Answers : +81 -78-242-3499

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