

**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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