

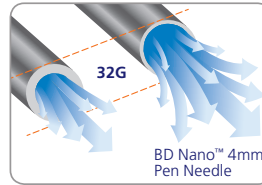
Upgrade to an easier and more comfortable injection experience from BD...and SAVE!

BD Nano™ 4mm Pen Needles

Now with
EasyFlow™
Technology



Makes it easier to press the pen button to deliver your dose[‡]



Medication flows easier through the needle¹

Try a
FREE Box!*
Rebate up to **\$10**
*Mail-in offer

BD Insulin Syringes with the BD Ultra-Fine™ 6mm Needle

Over 80% of people prefer BD Insulin Syringes with the BD Ultra-Fine™ 6mm needle²



8mm needle

12.7mm needle



Helping all people
live healthy lives

[‡]Compared to their current pen needle on leading pen brands

¹Copays and preferred status vary by plan

References: 1. Aronson R, et al. Clinical Therapeutics 2013;35:923-33 2. BD Data on File.

*TRY BD ULTRA-FINE™ NEEDLES FREE MAIL IN REBATE INSTRUCTIONS

1. Tell your doctor that you are interested in trying the BD Nano™ Pen Needle and/or BD Insulin Syringe with the BD Ultra-Fine™ 6mm Needle. (A prescription is required.)
2. Purchase a box of BD Nano™ Pen Needle and/or BD Insulin Syringe with the BD Ultra-Fine™ 6mm Needle (100ct product only) at the pharmacy.
3. Complete this rebate request and mail along with your valid pharmacy receipt with product name and price circled, and UPC code from bottom of carton.
4. Mail To: Try BD Ultra-Fine™ Needles FREE REBATE, P.O. Box 2011K, Rock Island, IL 61204-2011

This offer only valid on

BD Ultra-Fine™ Nano™ Pen Needle
4mm x 32G (UPC# 382903201228)

AND/OR

BD Insulin Syringes with the
BD Ultra-Fine™ 6mm Needle UPC #

382903249091 382903249114
382903249107 382903249121

Name _____

Address _____

City _____ State _____ Zip _____

1. How long have you been injecting medication to treat your diabetes? _____ years _____ months
2. What needle length are you currently using? _____ 12.7 mm (1/2") _____ 8mm (5/16") _____ 5mm (3/16") _____ 4mm (5/32")
3. How many times a day do you inject? _____
4. Which retail location did you find this offer? _____ (Store Name) _____
5. Where did you first hear about this rebate offer? Pharmacist/Endo Diabetes Nurse Family Member Other (please explain) _____

[check box] I understand that the information I am providing may be used by BD Diabetes Care for business purposes, including special offers, coupons, product news, surveys, mailings, and other communications. By tendering this rebate request, I certify that; (1) I have read and comply with the terms of this rebate, (2) I am not being reimbursed by, nor will I submit a claim for reimbursement for this BD Ultra-Fine™ Insulin Syringe and/or Pen Needle purchase under any federal healthcare program, or state, and (3) I will deduct the amount of the rebate from any claim for reimbursement that I submit to any private insurance program. Offer good only in U.S.A. Void in MA and where prohibited, taxed or restricted. Not valid for residents of Puerto Rico. Limit one (1) rebate per household. May not be used with any other discount, coupon or offer. BD reserves the right to rescind, revoke or amend this rebate offer without notice.

Offer Expires 12/31/2014. Please allow 6-8 weeks for rebate processing.