



Cornerstones4Care
Your diabetes, your way.

Support and diabetes management tools built around you.

Enroll today to get **FREE**, personalized diabetes support with **Cornerstones4Care**®.



Diabetes Health Coach

An online program that builds a customized action plan around your needs to help you learn healthy habits



Meal Planning Tools

Create tasty, diabetes-friendly meals



Interactive Trackers

Record A1C, weight, and blood sugar numbers

Enrolling is easy. Just complete this form.

All fields with asterisks (*) are **REQUIRED**.

* I have diabetes or I care for someone who has diabetes

* First name _____ * Last name _____ MI _____

* Address 1 _____

Address 2 _____

* City _____ * State _____

* ZIP _____ * Email _____

* Birth date mm/dd/yyyy ____ / ____ / ____

* What type of diabetes do you or the person you care for have? (Check one)

Type 2 Type 1 Don't know

* What type of diabetes medicine has been prescribed? (Check all that apply)

Insulin GLP-1 medicine
 None Other
 Diabetes pills (also called oral antidiabetic drugs, or OADs)

* If you checked "Insulin," "GLP-1 medicine," or "Other," please fill in the following for each:

Product 1: _____

How long has this product been taken?

Prescribed but not taken 7-12 months
 0-3 months 1-3 years
 4-6 months 3 or more years

Product 2: _____

How long has this product been taken?

Prescribed but not taken 7-12 months
 0-3 months 1-3 years
 4-6 months 3 or more years

Phone number:

(_____) _____ - _____

By providing my phone number above, I **AGREE** to receive calls from Novo Nordisk.

Novo Nordisk Inc. ("Novo Nordisk") understands protecting your personal and health information is very important. We do not share any personally identifiable or health information you give us with third parties for their own marketing use.

I understand from time to time, Novo Nordisk's Privacy Policy may change and for the most recent version of the Privacy Policy, please visit: www.C4CPrivacy.com.

I consent that the information I am providing may be used by Novo Nordisk, its affiliates or vendors to keep me informed about products, patient support services, special offers, or other opportunities that may be of interest to me via mail, email, or phone. Novo Nordisk may also combine the information I provide with information from third parties to better match these offers with my interests. These materials may contain information that market or advertise Novo Nordisk products, goods or services. I may opt-out at any time by clicking the unsubscribe link within any email I receive, by calling 1-877-744-2579, or by sending a letter with my request to Novo Nordisk Inc., 800 Scudders Mill Road, Plainsboro, New Jersey, 08536 USA. By providing my information to Novo Nordisk and signing and dating below, I certify I am at least eighteen (18) years of age and agree to the terms above.

* Patient Signature _____

* Date mm/dd/yyyy ____ / ____ / ____

3 easy ways to enroll:

1. Fax the completed form to 866-549-2016
2. Email the completed form to C4Csignup@hartehanks.com
3. Call 877-646-5407 and follow the voice prompts