Richie's
RICHIES.COM

WELLNESS FOCUSED
ORDER FORM
Toll Free Phone (877) 231-8386
Toll Free Fax (877) 242-6556

Patient's Name:	**Prescriber's Name:**
Street Address:	NPI:
City, State ZIP:	Street Address:
Date of Birth:	City, State ZIP:
Phone #:	Office #:
Patient Allergies:	Fax #:

PRESCRIBER'S SIGNATURE: X _____ **DATE:** _____

COMPOUNDED MEDICATIONS IN SUBMAGNA™ HMW

1. ____ CMPD Semaglutide 3.05mg-0.5ml in SubMagna® HMW (3401) #15 - Place 0.5ml in the mouth and hold 5 minutes minimum then swallow once daily for appetite control (SUB0.5)
2. ____ CMPD Semaglutide 6.10mg-0.5ml in SubMagna® HMW (3403) #15 - Place 0.5ml in the mouth and hold 5 minutes minimum then swallow once daily for appetite control (SUB0.5)
3. ____ CMPD Semaglutide 9.15mg-0.5ml in SubMagna® HMW (3405) #15 - Place 0.5ml in the mouth and hold 5 minutes minimum then swallow once daily for appetite control (SUB0.5)
4. ____ Other: _____
   _____
5. ____ CMPD Sermorelin 2mg-1ml in SubMagna® HMW (3406) #10 - Place 0.25ml (may increase to 0.5ml) in the mouth and hold 5 minutes minimum then swallow once daily at bedtime 5 out of 7 days per week (SERM)

Compounded Sublingual NAD+ in SubMagna® HMW - Pending Availability

Refills: (Number of refills indicated here refers to all medications prescribed)

____ 1 Year ____ 5 ____ 3 ____ 1 ____ Zero

HAIR GROWTH

____ CMPD Cetirizine 0.5%-D-Ribose 10% in BASSAGEL™ (3346) #360 grams – apply 3 grams (or quantity sufficient) to area where hair growth is desired up to once daily – allow to sit at least 30 minutes (could be overnight) (DRIB)

CMPD refers to a compounded medication. FDA does not review compounded medication for quality, safety or efficacy.
SubMagna® HMW is a registered trademark of Kingdom Licensing. BASSAGEL™ is a trademark of Kingdom Licensing.

V2025-1021